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COURSE OF LECTURES
ON THE
DEFORMITIES OF THE HUMAN FRAME.

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Delivered at the Orthopædic Institution, Bloomsbury-square, in 1843.

LECTURE XVIII.

Distortions of spinal column analogous to contractures in other parts of the frame. Spinal distortion from spasmodic and paralytic destruction of equilibrium of spinal muscles; from unequal length of the lower extremities. Ordinary lateral curvature. Remote and proximate causes; its nature and treatment. Congenital distortion of spine. Inapplicability of tenotomy as a means of curing lateral curvature.

In the last lecture I described, as completely as the time permitted, angular deformity of the spinal column, consisting of partial or complete ankylosis, being the condition of the spine analogous to angular deformity and ankylosis of a limb from inflammation, the result of scrofula or accidental injury. I also demonstrated the nature of rachitic angular or posterior deformity, in which, you remember, the column bends through want of firmness in its component parts, the bones, ligaments, and muscles. The numerous models on the table illustrated the combination of angular curvature from these causes, with a certain amount of lateral deviation, angularity predominating.*

I have, in the next place, to treat of those distortions of the spinal column which, in their nature, correspond with *contractures* in other parts of the frame. *Contractures* are those distortions which result from the operation of causes which *indirectly* affect the articulations. You have witnessed contractures of every articulation of the extremities induced by destruction of equilibrium in the muscles, from spasm on the one hand, or paralysis on the other. We have studied the operation of burns, abscesses in the soft parts, gangrene, and ulceration, in the production of contractures; and we can apply the information thus derived to the comprehension of the deformities of the spinal column. In the general remarks at the beginning of the last lecture I laid down the proposition that, having in the spinal column bones, ligaments, and muscles, similar to those in other parts of the frame, we should expect to meet in the spine with pathological states.

Contracture of the hand and foot from spastic muscular action is very common; it may, therefore, be asked, Do we observe spinal *non-congenital* deformity resulting from spasmodic action of muscles? In my opinion, very rarely. Others have proceeded on the contrary assumption, and have resorted to tenotomy of the spinal muscles as freely as in the extremities. Stromeyer, the inventor of subcutaneous tenotomy of tendo-Achillis, who first recommended tenotomy in strabismus, was also the first to practise (anno 1835) section of spinal muscles. He operated in a case of active retraction of the rhomboidei muscles, with which a lateral inclination of the upper dorsal vertebræ was conjoined. But although the authority of Stromeyer confirms the existence of non-congenital distortion from abnormal activity of particular muscles, I believe that the occur-

* It is unnecessary in lectures, of the limited extent of the present course, to trace rachitic deformities of the spine into as many subdivisions as was considered necessary in rachitic affections of other parts of the body. Rachitis in some individuals chiefly affects the osseous structures, as when curvature of the long bones is the sole deformity; in others the parts more immediately concerned in strengthening and moving the articulations are relaxed, as in genua valga; whereas, in some cases, the joints and shafts of the long bone are simultaneously affected, as in the combination of genua valga with curvature. (See Lecture XII.) In like manner, the spine may be affected with rachitic want of firmness, either in the bones only, in the fibrous structures only, or in both simultaneously. The diagnosis is more difficult in the spinal column, from the greater complexity in the structure and function.

rence is exceedingly rare. Stromeyer does not, like some other practitioners, regard ordinary lateral curvature as the result of active retraction, the cure of which they have attempted by tenotomy.

It may next be inquired whether spinal distortion results from paralysis of particular muscles. My friend, Stromeyer, regards paralysis of the respiratory muscles as the primary cause of ordinary lateral curvature. I am unable to agree with him on this subject. Observation has convinced me that the debilitated condition of the inspiratory muscles on the concave side of the chest in lateral curvature is a secondary lesion. In well-marked cases of partial paralysis of the voluntary muscles, affecting the upper and lower extremities of one side, and of those muscles of the trunk on one side which are interested in the movements of the shoulder and hip, and attached to the spine, even in children, I have been surprised to witness an absence of spinal distortion. In fact, excepting the distortions which may affect the cervical vertebræ from altered equilibrium of the muscles of the head and neck, distortion of the spine from spasm or paralysis of opposing muscles is exceedingly rare. Should any of you meet with cases of this nature I shall be much interested in knowing the result of your investigations, and shall be happy to have the opportunity of examining them.

Spinal distortion from burns, wounds, attended with loss of substance and subsequent cicatrices, are rare, because the spine is less exposed than the members to accidental injury. You can comprehend the manner in which cicatrices may distort the spine as well as other regions of the body. Inequality in the length of the lower extremities has been assigned as a frequent cause of distortion of the spinal column. I have several times witnessed lateral inclination combined with actual difference in the length of the lower limbs, as when the growth of one had been impaired in childhood from scrofulous abscess in the leg and foot, but I have examined no case in which, notwithstanding the shortening, other causes of lateral curvature did not exist. On the contrary, it is very remarkable that, according to my experience, difference in the length of the lower extremities is so rarely accompanied with deformity of the spine. Amongst many hundreds of cases of congenital and non-congenital spastic and paralytic deformity of one foot, submitted to my examination, in which a difference of half an inch to several inches in the length of the lower extremities existed, I have, with two or three exceptions, not witnessed the concurrence of spinal curvature. Some circumstances have operated in the exceptional cases to produce the spinal curvature. You should be cautious not to confound apparent with positive distortion. On examining the back of a person having, for example, one lower limb deficient one inch in length, you will frequently remark that a serpentine curve in the vertebral column exists, but on placing a book or other substance of the requisite thickness beneath the shorter limb, the curvature of the spine will disappear. It is a fact of considerable importance in determining the causes of these distortions, that shortness of a lower extremity may exist during the twenty years preceding adult age without producing spinal deformity. Having rejected spastic muscular action, paralysis and inequality in length of the lower extremities, as primary and ordinary causes of deformity of the spinal column, you are prepared to consider what is really the rationale of the production of the distortion of the spinal column, denominated *the lateral curvature*. I shall not minutely examine the modifications of this curvature which occur, as, when you understand the ordinary form, you will, from your knowledge of the anatomy of this region and of animal mechanics, comprehend the origin of supplementary curves. For the same reason, the treatment of a case in which several causes exist, requires to be conducted with reference to the primary distortion; if this be removed the secondary changes in form spontaneously disappear. You perceive, in this series of models of ordinary lateral curvature, that the part of the column principally affected is the dorsal region, and that, in the great majority, the vertebræ of this part incline from the perpendicular position towards the right side. For a nearer appreciation of the phenomena presented in this deformity we will select this severe case of a young girl, thirteen years of age (see fig. 42). The peculiar character will be more evident than if I take an example of

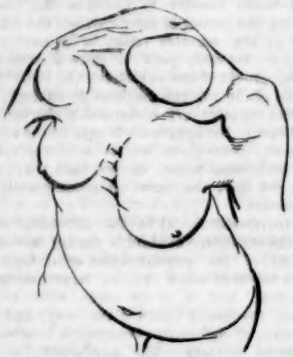
Fig. 42.

Severe Lateral Spinal Curvature viewed behind.

slighter deformity. You perceive that the whole of the dorsal vertebræ have, in various degrees, yielded from the straight line, the fifth, sixth, and seventh vertebræ being situated three inches to the right of their proper position. The upper lumbar and the lowest cervical vertebræ project towards the left. The pelvis is situated obliquely, the left ilium greatly elevated, whilst the corresponding shoulder is depressed, the space between the axilla and ilium on this side not exceeding five inches; the ribs on this side are necessarily in close contact with each other, respiratory movements of the part being proportionately impeded. On the right side posteriorly the ribs are altered in form, and, with the scapula, form a large projection, the surface of which is three or four inches above the plane of the remainder of the dorsal region.

Anteriorly the deformity produced by severe lateral spinal curvature is even more considerable (fig. 43). In the left anterior

Fig. 43.



Severe Lateral Spinal Curvature viewed in front.

mammary region the ribs are prominent. The head inclines forwardly through yielding of the upper part of the column, the highest point of which corresponds to the seventh cervical vertebræ. The result of the large dorsal lateral curve, and of the secondary curves, is a great reduction in the entire length of the column; the lower ribs are in contact with the ilia, through which considerable diminution of the capacity of the abdominal cavity results. In studying, then, the anatomical relation of parts, you have to consider the diminution of capacity of the thoracic and abdominal cavities consequent on the sinking down of the vertebral column, the impeded development of the left side of the thorax more especially, and the obliquity of the pelvis. If you attentively study this series of models you will observe (as in figs. 42 and 43) that posteriorly the right side of the thorax, and anteriorly the left side, project beyond the plane of the contiguous part of the chest; this is only explicable by observing that a movement of rotation of the vertebræ on their horizontal axes has taken place, the articulating and transverse processes of the vertebræ on the right side being thrown backwards, whilst those on the left side are thrust anteriorly. This abnormal rotation constitutes the principal obstacle to the cure of severe lateral curvature. Having thus described to you the severe form of the affection, you can hereafter in practice have no difficulty in recognising it in the earlier stages, the principal points you will observe are unequal elevation of the shoulders, especially of the scapulæ, incipient prominence of ribs on one side, and of the ilium on the opposite side.

I will now endeavour, briefly, to explain my opinion of the mode of origin of this lateral curvature. In the last lecture I demonstrated to you that when the bodies of one or more vertebræ are destroyed by scrofulous or other forms of vertebral disease, the strong muscles of the spine cannot advantageously resist the falling forwards of the column, hence a posterior projection of the region denominated angular curvature. In like manner, when all the component parts of the spine, bones, ligaments, and muscles, are deprived of their proper firmness and tone, the spinal column, incapable of maintaining itself erect, and of withstanding the influence of the weight of the thorax and the contained organs, which naturally tends to bend it forwards, yields, so that an angular or posterior curvature results. But in less severe rickets, or when constitutional debility exists, or when a child or young female is simply said to be delicate, the organisation of the more lowly organised structures, the bones and ligaments, suffers in a greater degree than the muscular system. The muscles of the spine participate in the debility, but they remain susceptible to application of the stimulus of volition, they are throughout the day instinctively occupied in the maintainance of the erect posture. This ability sufficiently to react against the natural tendency of the thorax to incline anteriorly prevents posterior curvature, but the same muscles do not possess sufficient power to prevent the operation of lateral displacing influences. That during the production, or in existence of lateral curvature, the efficient action of the spinal muscles is capable of explaining the absence of posterior curvature of the dorsal vertebræ, is shown by the remarkable concavity which sometimes exists in the middle dorsal region. I have witnessed severe lateral curvature in young females who were particular in their endeavours to maintain the perpendicular position of the spine by drawing inwards the dorsal and lumbar vertebræ, and throwing the shoulders backwards. But as the firmness of the

osseous and white fibrous structures of the spinal column is impaired in debilitated or delicate individuals, and the tendency to posterior yielding is resisted by the yet comparatively powerful spinal muscles, if any cause capable of disturbing the equilibrium of the powers which laterally maintain the perpendicular line of the spinal column be applied, the result will be a lateral deviation. The rarity of lateral deviation of the spine, even in delicate boys, is well known; it appears to me to be equally uncommon amongst the children of the poorest classes of society, who are, notwithstanding, frequently affected with posterior curvature. But in females of the richer classes, whose time is much occupied in sedentary amusement and instruction, and in those of the poorer classes who obtain their livelihood by sedentary employment, in over-worked, overgrown, and badly-fed boys, who labour at manufactures in which particular parts of the body are more excited to activity than others, spinal lateral curvature may be produced. It is apparent that the curvature is preceded, and often accompanied by an imperfect nutrition, or imperfect assimilation of food, diminished vigour and power of the nervous system, either from hereditary influence or from disproportionate abstraction of nervous energy from the animal and vegetative functions of the system and expenditure thereof upon the intellectual. Very many young women, of large stature, and otherwise well developed, become the victims of lateral curvature from "outgrowing their strength," as it is termed, or, more strictly speaking, from the necessities of the system being insufficiently supplied by proper digestion and assimilation of food, out-door exercise, and amusement. These are the remote causes of every case of lateral curvature, the proximate cause correctly assigned by the majority of writers on the subject being the undue excise and development of the muscles attached to the ribs and spinal column of one side, subservient to the movements of one upper extremity, usually the right. I have already remarked that the spine is liable to be influenced, particularly in youth, by every movement of the extremities; when the remote cause of spinal curvature,—debility, however produced,—exists, the spine is disposed to yield, and the direction in which it will yield will be determined by the nature and mode of operation of the proximate cause. When the right upper extremity is disproportionately exercised an undue traction upon the dorsal portion of the spinal column takes place, succeeded by an inclination to the right side. When, therefore, the equilibrium between the muscular powers which laterally support the column is once destroyed the increase of lateral inclination is rapidly effected, through the co-operation of numerous other injurious influences. Of these, particular positions of the body, as in writing, drawing, sewing, may favour the deformity. The habit of resting the weight of the frame, whilst standing, almost entirely on the right lower extremity, the pelvis being then depressed on this side, is calculated greatly to facilitate increase of the curvature. The normal lateral movements of the spine become impeded on occurrence of morbid inclination to one side, hence those muscles affixed to the ribs and spine which effect these lateral movements are thrown out of exercise. Those situated in the concavity of the curve, or curves, being relaxed, gradually contract, and become ultimately structurally shorter, those on the convexity of the curve being in the first instance stretched, elongated, become ultimately debilitated and powerless. The total length of the column being diminished, the muscles which are principally concerned in preventing flexion of the column become, in time, structurally shorter, through the approximation of their points of origin and insertion. This structural shortening of muscles tends rapidly to increase the curve during the period of the growth of the frame. For as the muscles cease to be exercised, they do not keep pace in growth with the development of the skeleton; the individual bones of the column continue to enlarge, but as the muscles are structurally shorter, the addition to the aggregate length of the spinal column, consequent on the enlargement of the individual bones, cannot take place in a straight line, the curve is consequently increased.

The constitutional debility attendant upon lateral curvature continues during the entire period of the augmentation of deformity; often towards adult age an improvement is manifest, but in many cases, after a few years, the health again gives way, and the increase of deformity becomes a source of renewed anxiety. The appearance of the catamenia is usually deferred, and confirmed chlorosis occasionally coexists. In slight lateral curvature the health may appear unaffected to a superficial observer, or to some parents, who are more willing to attribute the deformity to an accidental cause than to constitutional disturbance. As I have already observed, the general disturbance, when slight, may be comprehended in the expression of the individual having outgrown her strength. In many cases the remote cause—debility—is too apparent to be overlooked, as when the deformity appears during convalescence from measles, hooping-cough, or other disorder of childhood.

I trust the brief remarks I have made on the remote and proximate cause of this deformity will have rendered the subject intelligible. When speaking of posterior curvature from rachitis I alluded to its occasional combination with lateral deviation; I should also remark that lateral curvature, when

severe, is usually complicated with posterior yielding of the column. If you have fully understood my observation, you will perceive that the remote causes of the lateral and posterior curvature (from debility or rachitis) differ only in the degree of constitutional affection. If the latter be comparatively slight, the spinal muscles which, in health, maintain the erect position of the trunk, prevnt posterior curvature, but are incapable of preventing the column being unequally acted upon, and drawn laterally by preponderance in the use of certain muscles. When the constitutional debility is so great that the spinal muscles are incapable of preventing the anterior flexion of the column, posterior curvature results.

Many secondary evils to the general health result from severe curvatures in any direction. The antero-posterior and the transverse diameter of the thorax are often enlarged, so as, in some degree, to compensate for the diminution of the perpendicular extent of this cavity more frequently, however habitual dyspnœa, especially on exertion, exists; hypertrophy, and other derangements of the heart sometimes result from mechanical interference with its action; in more numerous instances morbus cordis results from the constantly amugmented efforts necessary for increased propulsion of blood to compensate for the diminished capacity of the lungs. I have in several instances observed attacks of acute bronchitis and pneumonia more fatal thanin persons unaffected with spinal distortion. Heart disease also follows a more rapid course. Copious depletion is consequently more urgently required for *mechanical reasons*, than under ordinary circumstances. The functions of the organs in the abdominal cavity are not less frequently deranged than those of the thorax, although the symptoms may be less violently marked. Subjects of severe lateral curvature are in later life martyrs to indigestion and hepatic derangement. Constipation is a source of great annoyance, and the liability to inflammatory lesions in this region is considerable. Should any of you be enabled to add something to the statistics of this subject, you will confer a benefit on science. The average duration of life in persons affected with spinal deformity might thus be ascertained. I believe that it will be found much below the average general mortality.

I have sufficiently swelled the catalogue of primary and secondary evils resulting from these deformities, independently of the mere disadvantage arising from being deformed, to urge you to study well the means of affording relief. When consulted in these cases you will proceed to treatment, not only with the view of affecting a beneficial change in form, but with the gratification of endeavouring at once to relieve a physical infirmity, and avert a series of lesions dangerous to life.

The indications of treatment of lateral spinal curvature may be arranged under three heads; the first in importance consists in endeavouring to remove the primary cause of the deformity—debility, by improving the constitutional powers of the individual; in the second rank may be placed the application of mechanical means adapted to prevent the increase and to remove existing deformity; and the third indication consists in application of means to act dynamically on the spinal column, such as certain exercises.

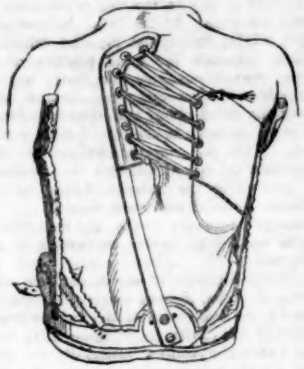
It is unnecessary to devote much time to description of the measures calculated to improve the general health. As medical practitioners and students you will anticipate my remarks on this matter. Food, in proper quantity and quality, good air, moderate bodily exercise, the exhibition of steel, iodine, vegetable tonics, and laxatives, according to the peculiarities of individual cases. In very severe cases occurring at the period of life when the general growth should be most rapid, particularly if very great debility be present, you may for a time forbid exercise altogether. In these cases the patient should have the benefit of carriage exercise, or in the summer season be permitted to recline in the open air during a large portion of the twenty-four hours. Entire suspension of corporeal exercise is highly prejudicial to persons in vigorous health, and has consequently been commonly considered equally inexpedient to persons debilitated, as in severe spinal curvatnre. The cases of persons in health and debility widely differ. The debilitated individual possesses little vigour to expend; if this be exhausted in corporeal exercise, none will remain for due performance of the vegetative functions o the system. You will often be surprised to observe that a person extremely weak, labouring under spinal curvature, who has long struggled to improve her health by exercise and nutritive diet, continues daily to get worse, until entirely confined to the couch, after which a manifest improvement in every function ensues. Do not mistake the import of the advice I now offer you. Use entire repose in these instances during a limited period as a means of improving the general health. It may be advantageous as a means of fulfilling the second indication, which I shall presently consider. Do not imagine that I recommend a confinement of months and years to the recumbent position as a means of curing spinal curvature.

The means of fulfilling the second indication (the application of mechanical means adapted to prevent increase and remove existing deformity) will be more intelligible if you reflect on the physical condition of the spine. You perceive a weak column unable, through want of firmness and tone, to support itself in the erect position, daily yielding from the perpendicular line, through

the combined influence of gravity and unequal muscular traction. You further observe, when the curvature is not of long standing, that the column is straightened on the assumption of the recumbent position. Is it not proper, under these circumstances, greatly to abridge the period during which the erect posture is attempted to be maintained, and thus be content to follow the course pursued by every nurse or parent who perceives a child's spine to bend beneath the superincumbent weight. Undoubtedly the most certain plan would be to confine the patient during the whole of the remaining years of growth, with the hope that if the column remained straight, or nearly so, at the period of completion of growth, it would not subsequently yield. This is an important part of the plan adopted by a gentleman now deceased, whose zeal in behalf of humanity and science is proved by the legacy of a large sum of money for the treatment of sufferers from spinal disease. Dr. Harrison, to whom I allude, attributed too much, in my opinion, to the adjuvant means contained in his "*system*," and too little to the influence of mere repose. I shall sufficiently discountenance absolute repose during long periods, as one of the means of curing lateral curvature, when I state that, in Dr. Harrison's hands, seven years did not always suffice for the attainment of his object, and that when persevered in during a much shorter period the wasting of the muscular system generally is so considerable that fears may reasonably be entertained that recovery therefrom may never be effected. According to the urgency of the case you may, however, have recourse to recumbency during four or six hours daily, divided into two or three portions.

Other mechanical means of partially or completely effecting the restoration exist. It is important to relieve the column of as large a portion of the superincumbent weight as possible. Numerous spinal supports and corsets, invented by their manufacturers with the specific property of curing lateral spinal deformity, have, at all periods, been brought under the notice of the profession. Some of these inventions, on the contrary, enjoy a dishonourable privacy, their nature, if not their merits, being carefully concealed. The greater number of them answer, in some degree, the purpose of supporting the spine, being applied whilst in the recumbent posture; they resemble a cuirass, against which the tottering or inclined spine finds a resting point. They are not curative, and rarely prevent increase of deformity. Springs similar to a hernia truss are often applied, through the intervention of the ribs, to the projecting parts of the column, but their utility does not equal the ingenuity of their application. Tavernier's lever belt, which I have for some time past, employed with some modifications, approaches more nearly to a scientific apparatus for cure of lateral curvature than any other I have examined (see fig. 44).

Fig. 44.



Lever Belt and Support for Lateral Spinal Curvature.

Tavernier's lever belt consists of a band to encircle the pelvis, and should be made of light metal and furnished with semi-circular pieces to rest on the ilia. Attached to this pelvic band is a long steel lever, the angle of which may be arranged by means of a screw. This lever is directed towards the depressed shoulder (usually the left), and is intended for the attachment of a broad belt, which, taking its origin in front, at the pelvic band, opposite the left ilium (in the ordinary curvature to the right side), passes upwards across the abdomen around the prominent right side of the thorax. Part of the weight of the head and shoulders is removed by means of the crutches. The mode of operation of this apparatus in *rectifying* the position of the spinal column is simple. The pelvis affords a fixed point, so that the traction exercised upon the upper extremity of the lever by means of the laced belt, acts powerfully and continuously, during all the movements of the frame, in compressing the ribs of the right side, and, through their intervention, propels the lapsed dorsal vertebræ into the perpendicular position. The restoration is facilitated by the weight of the upper extremities being partially removed. This apparatus possesses the advantage of not subjecting the thorax to any circular compression; the wasted left side of the thorax is perfectly free, and one of the earliest signs of improvement consequent on use of the apparatus is an evident enlargement of the capacity of this side. The relief experienced is so great that patients spontaneously remark the diminished fatigue with which they take exercise, the greater freedom with which they

respire. I have witnessed no instances in which the health of the patient has not, at the same time, improved. It is unnecessary to remark that, in the use of this apparatus, as in that of all mechanical contrivances for the relief of deformities, as much will depend upon the manner of application as upon the apparatus itself. Do not hastily attempt too much, but gradually accustom your patient to its use. It is well to remember the maxim, *arte non vi*, in this as in other deformities. Benefit may also be derived by causing a shoe, with raised heel, to be worn on the side on which the ilium is depressed. It counteracts the habitual sinking of the side through the improper attitude instinctively assumed. It rectifies the position of the pelvis, and compels the spinal column to attempt, as it were, its own restoration.

Modifications, frictions, suitable exercises, modified calisthenics, as they are termed, by which the muscles of the upper part of the frame, particularly those of the left side, may be excited to activity and strengthened, serve to fulfil the third indication. It is necessary, however, to guard against too great exertion or fatigue. By judicious application of the principles I have laid down, and by availing yourselves of the practical hints I have given you, you may, in the majority of spinal lateral curvatures of not more than three or four years duration, succeed in re-establishing the straight line of the spinal column. It is more difficult to remove the deformity of the ribs; those on the right side of the thorax are absolutely larger than those of the left, which have been imperfectly developed, through the distortion having so long existed during the growth of the body. They are not only larger but altered in form, and no means exist by which they can be wholly restored. This circumstance, is of little moment, beyond the traces presented of former spinal distortion, as proper arrangement of female dress and the skill of the corset-maker may conceal it. The principal object, *straightening of the spinal column*, being obtained, relapse of the form of the trunk, and the secondary evils of spinal curvature formerly enumerated, need not be apprehended.

I have scarcely alluded to congenital distortion of the spine, its occurrence being extremely rare. I have never witnessed it except as a complication with other congenital deformities. The hour is nearly expired, or I would fully state my reasons for not recommending tenotomy or myotomy as a remedy for lateral curvature. It is sufficient to remark, that operation is unnecessary for the cure of moderate curvatures, and is ineffectual in the more severe forms of the deformity.

I shall conclude this subject by an extract from the work of Stromeyer, — "Ueber Paralyse der Inspirations-Muskeln," and apply it to the views promulgated in these lectures:— "With the conclusion of these remarks the question may be asked, Whether these pathological notions will facilitate the cure of lateral spinal curvature? I believe I may answer in the affirmative, provided they tend to excite an interest in the study of this affection among medical practitioners, for the majority of these have hitherto spurned the investigation and treatment of these complaints, and have preferred leaving them to the shoemaker and machinist. The early recognition and successful treatment of lateral curvature can only be effected by a general diffusion of clear ideas of its nature. A correct pathology will exercise little influence upon cases of many years duration, as these are incurable; but they may be alleviated, or their progress arrested, a fact which neither the public or practitioners have sufficiently recognised."

With these remarks the course of lectures on deformities of the human frame, which I undertook to give during the summer session, is terminated. I regret having been compelled to treat many matters less perfectly than their importance merited.

It will be a source of great pleasure to me if, by the delivery of these lectures, I shall have succeeded in awakening your interest in a subject not usually considered attractive.

LECTURES

DELIVERED IN THE THEATRE OF

ST. GEORGE'S HOSPITAL,

IN THE SESSION 1843-44,

BY

SIR BENJAMIN COLLINS BRODIE.

ON FATTY OR STEATOMATOUS TUMOURS.*

THERE are different kinds of fatty tumours, but the most common is the following:—The fat resembles ordinary fat, except that it is rather of a more delicate and of a looser texture, and of lighter colour. It is composed of lobules with very thin membranes between them; and externally there is a thin membranous bag in which the whole mass is contained. This bag has a very loose adhesion to the parts in which it is imbedded, but the adeps which it embraces adheres pretty firmly to it.

These tumours, for the most part, form under the integuments in some part where there is naturally adipose structure. You never find them where there is no adeps originally; as, for instance, in the scrotum,

* Owing to an error of our reporter we were not able to publish the above lecture at the time it was delivered.

the eyelids, or the internal organs. But wherever natural adipose structure exists there this unnatural morbid growth of adipose substance may take place. The tumour is very often not detected when it is of small size. In some instances it remains stationary, but for the most part, being once formed, it gradually increases in size. It generally begins the patient knows not why or wherefore; but it occasionally seems to originate in some slight injury of the parts in which it is formed. For example, a gentleman was straining to raise his arm as high as he could, and he felt a sort of snap in the shoulder, and soon after that a fatty tumour appeared over the deltoid muscle. A lady was making an effort with her arm; something snapped, as she thought, in a part of the shoulder; soon afterwards she consulted me, and I discovered a small adipose tumour.

The diagnosis of a fatty tumour under the skin is generally sufficiently simple. There is a peculiar sensation communicated by the tumour to the fingers, which it is difficult to describe in words, but which, when once felt, you will readily recognise afterwards. Sometimes the tumour is elastic, so that you might almost be led to suspect that it contained fluid, but a little practice will, for the most part, enable you to distinguish better. The tumour is generally pretty well defined, it is not productive of pain, it is not at all tender, and gives the patient no inconvenience, except when it attains a large size, and then it is merely troublesome from its bulk. Sometimes, however, the tumour is not situated in the fat immediately under the skin, but is in some more deep-seated situation. This renders the diagnosis more difficult. I remember a lady who had a tumour at the posterior part of the shoulder, and there were various opinions respecting its nature. No one seemed to be quite positive on the subject. On performing the operation for its removal, the trapezius muscle was found lying over it, some fibres of which being divided, out started a fatty tumour. A lady had a tumour of the breast (I am now speaking of what happened when I was almost a student); she was the wife of a medical man, and she had the opinions of four or five of the leading surgeons of that day. One thought that it was fungus hæmatodes, another believed it to be something else, and another could not say what it was. At last it was decided to cut down on the tumour, and then it was found to be a great mass of fat. It was situated under the gland of the breast, which, being of large size, concealed the tumour completely, and being, as it were, lifted up by it, was made to appear a great deal larger than it was.

When a fatty tumour has a deep-seated origin it will sometimes make its way out from under the muscle, a small portion presenting itself externally, while the rest remains concealed. You are led to think there is a very small tumour, but when you cut down upon it you find it to be a large one. This happened to me last week. A patient consulted me concerning a tumour below the axilla. It seemed to be a small fatty tumour, about the size of half an orange, but I could not get my fingers behind it. It was evident that I could not trace its origin, and when I cut down upon it I found an enormous tumour proceeding from the axilla. It extended far back, apparently into the space between the scapula and the ribs. In fact it was impossible to dissect out the whole of it, and I was forced to tie a ligature in the middle, and cut off the greater part, leaving the rest.

As a fatty tumour increases in size the skin becomes dilated in proportion. When it is of large size a sort of thick fascia is formed over it—such a fascia as is situated over a large old hydrocele or hernia. In different parts of the fascia there are circular spaces, into which the finger will sink as if it were into the substance of the tumour. The skin over a fatty tumour very rarely inflames and ulcerates. One might suppose that the pressure of the tumour would produce this effect, but it is not so. I have, however, known inflammation to take place in the substance of the tumour, and an abscess to form in its centre. A very remarkable example of this occurred to me in this hospital. An elderly man was brought in with an enormous fatty tumour on the back weighing many pounds. It had existed a number of years, and hung like a wallet behind. A year or two before he came in inflammation had taken place in the tumour, and an abscess had formed and burst externally. The abscess never healed, but continued to discharge profusely both matter and a sort of oil floating in it. It is worth while for me to mention what happened afterwards in this case. I dissected off the tumour, which was easily done, for it had not a very broad origin, and it was a very slight operation. The wound healed very readily, but when it was nearly closed the patient became very ill. I forget the exact symptoms, but I know that we had none of us any doubt that they arose from the sudden cessation of the profuse discharge of matter and grease from the interior of the tumour. These symptoms, however, subsided, and the patient recovered.

We know of no internal medicine, nor of any local application, that will disperse these tumours, and the only thing to be done is to remove them by the knife. This may be done when the tumour is quite small. I do not, however, generally recommend the operation at this period, first, because the tumour may never increase, and as long as it is small it is of no consequence; and, secondly, because the operation is really more easy when the tumour has attained a certain size. Still, it

is better not to let the tumour go to any *very* large size; and for this reason, lest the pressure of the skin should cause it to contract adhesions to the neighbouring parts. Where such adhesions have taken place, the operation is rendered difficult, and you cannot be certain that you do not leave some small portion of it, which may be the nucleus of a future growth. As soon, then, as the tumour becomes large enough to be troublesome from its bulk, then you may dissect it out, and this is a simple operation if you know how to do it, and very difficult otherwise. Make a free incision of the skin, not upon the tumour, but into it, cutting fairly into its substance. Do not spare the incision through the skin, but let it extend from one end to the other. Then lay aside your knife, and you will find that with the fingers you can easily separate the cyst that contains the adipose matter from the neighbouring textures, pulling out one lobe after another till at last the tumour remains attached only at one corner, that is at the point at which the vessels run in and out. You have no bleeding in any other part of the operation, but in this last part of it you will generally find one or two arteries which you must secure by ligature. When the tumour is situated under a muscle, the operation is to be performed in the same way, with this exception—that besides laying open the skin, you must freely divide the muscle, cutting across the fibres.

There is another kind of fatty tumour which occurs not very unfrequently, but which, so far as I know, is not described in books. It is a deposit of fat, the tumour not being well defined, and there being no distinct boundary to it, so that you cannot say where the natural adipose structure ends, and where the morbid growth begins. I will mention to you one of several cases which I have seen, and which will explain sufficiently what I know of the matter. A man came to this hospital some seventeen or eighteen years ago, with a very odd appearance—an enormous double chin, hanging nearly down to the sternum, and an immense swelling at the back part of the neck—two great tumours as big as oranges sticking out, one behind each ear. The patient stated that these tumours had begun to form three or four years before, and had been gradually increasing in size. They gave him no pain, but they made him miserable, and in fact had ruined him. The poor fellow was a gentleman's servant, and having such a strange grotesque appearance nobody would hire him. I gave him half a drachm of liquor potassæ three times a day, and gradually increased the dose to a drachm. This was taken in small beer. About a month after he began to take it the tumours were sensibly diminished in size. He went on taking the alkali a considerable time, and the tumours continued decreasing. It was just then that iodine began to have a sort of reputation, much beyond what it deserved, for the cure of morbid growths, and I gave him the tincture of iodine. It was curious that while he took the tincture of iodine he lost flesh generally, but the tumours began to grow again. Finding this to be the case, I left off the iodine, and gave him the liquor potassæ a second time. He took an immense quantity altogether, and left the hospital very much improved, being directed to continue to take the medicine for some time longer, off and on. I had lost sight of him for some time, when I happened to be requested to visit a patient in Mortimer-street. I did not observe the servant that opened the door, but as I came down he stopped me in the hall, and said that he wished to thank me for what I had done for him. To my surprise it was this very man. He had gone on taking the caustic alkali for a considerable time, and you may suppose how much he was improved by his being able to get a situation as footman. There were some remains still of the tumours, but nothing that any one would have observed. I have seen some other cases of the same kind, and where I have had the opportunity of giving liquor potassæ it seemed to be of great service. But I have not tried it in every case, and I have been informed that in some other cases it has been tried to a great extent without the same good result.

These tumours feel like fat, but there is no distinct boundary, and they are not so soft and elastic as common fatty tumours. This deposit of fat may take place in any part of the body, but I have seen it more frequently in the neck than elsewhere.

There is another kind of fatty tumour, which also, so far as I know, is not described by writers. A patient comes to you having tumours in different parts of the body, as if there were absorbent glands under the skin. You will find several in the arm, several in the trunk, and perhaps a great number of them altogether. They generally give no pain, they grow to a certain point, and these do not get larger, but others form somewhere else. They occur in persons apparently healthy in other respects, and are not connected, so far as I have seen, with any other disease. I used to doubt very much what was the nature of these tumours, till at last there being one rather larger than usual in a patient who had several of them, I dissected it out, and it proved to be a fatty tumour; but the fat was of more solid consistence than that belonging to the ordinary fatty tumours, which causes them to give a different feeling to the fingers. They are equally well-defined on the margin. Any one of these tumours that grows to an unusual size may be dissected out without any harm, but there being a great number of them, it would be absurd to think of dissecting them all out. Can anything be done in the way of

medicine? I have given these patients the liquor potassæ in large doses, and certainly in two or three cases with very great benefit. The tumours in one case nearly or quite disappeared under this remedy. I suppose that in those, as well as in the other cases of which I have just spoken, the liquor potassæ acts in this manner; the greasy part of the tumour combines with the alkali, is taken into the circulation, and is thus carried off. It was upon this hypothesis, at any rate, that I was led to give this alkali. Whether it be, or be not, the right explanation, I will not say, but of this I am certain, that the remedy is often a very efficient one. But may the liquor potassæ be taken with safety in such large doses? Indeed it may, if you dilute it sufficiently. You cannot take even half a drachm in two ounces of liquid without its being inconvenient to the stomach, but you may take a drachm and a half in a large quantity of liquid two or three times daily without any harm. The best liquid in which to take liquor potassæ on this and on many other occasions, is fresh small beer. It seems to me to act better in small beer than when it is given in other ways, and the beer does not disagree with the stomach, because the alkali combines with and neutralises the vinegar which it contains. It is the latter that disagrees with weak stomachs. The alkali and the vinegar together make a diuretic salt, and I suspect that this is advantageous; besides that the alkali is less ungrateful to the taste when taken in small beer than in any other way. However, there are some persons who really cannot take small beer, even with the alkali; and others, with whom small beer generally disagrees, can hardly be persuaded that an alkali alters its quality. If there be any reason for not giving it in beer, it may be given in milk and water, or clove-tea, or ginger-tea; but then it should be exhibited in smaller doses, because none of the alkali will be neutralised as it is by the acid of the beer. To do real good the alkali must be taken in large doses, and for a long time together—not for weeks, but for months. A patient may take it on and off for a great length of time without any mischievous effects.

There is a very remarkable kind of fatty tumour that sometimes occurs, though it is a very rare disease indeed. It is of rather firmer consistency than an ordinary fatty tumour, and perhaps there are two or three or more in different parts of the body. When you cut down on it, you find that it is composed of pretty solid fat, and that it is covered with a reflected membrane just as perfect as the peritoneum or the pleura, or any of the reflected membranes of original formation. There is one layer of membrane covering the tumour itself, and then another which forms a loose bag round it; and there is a space between the two membranes filled with a halitus, so that they do not adhere. These tumours are troublesome to remove, because you must remove not merely the tumour itself, but the reflected membrane. How you are to distinguish these cases from other tumours I cannot tell; you can only make out the nature of the case when you have cut down on the tumour.

There is a tumour that occurs in the female breast, which Sir Astley Cooper has called the chronic mammary tumour. It is not a very good name, but no other has been given to it. This tumour is of a peculiar structure, in general lobulated; and when you examine one lobule, you find it is made up of smaller lobules, adhering to each other by loose cellular texture. What is the peculiar appearance which it presents under the microscope I do not know, but by the naked eye it is easily distinguished from malignant and other tumours of the breast. It occurs for the most part in young women, and there is reason to believe that sometimes it disappears spontaneously. I was called to see a young lady some years ago, who had a tumour on one side of the breast; and I thought that the disease was of this description. I recommended her, as it was of some size, to have it removed by an operation. I cut down upon the tumour, and dissected it out, or rather extracted it, which was done very easily in the way which I will mention presently. At the time of the operation it seemed to be not exactly the common chronic mammary tumour, though very like it; but when I examined it afterwards, I found it chiefly composed of fatty substance, but lobulated like a chronic mammary tumour. The wound healed, and there was never any return of the disease. This called my attention to the subject, and since then I have seen other cases, that satisfied me that this chronic mammary tumour has some actual relationship to the fatty tumour, the structure being probably modified by the particular organisation of the part in which it is imbedded.

In the case which I have just mentioned the character of the fatty tumour predominated; but, from the structure of other tumours, it appears as if the two diseases run into one another; and even where the characters of the two tumours are most distinctly marked, there is this point of resemblance between them—the adhesion of them to the neighbouring parts is just of the same kind, and they must be removed in the same manner, namely, by dividing the skin, and turning them out with the fingers, there being generally only one point of the tumour at which there is much adhesion, and that is, where the vessels pass in and out. Then I met with this case, which affords a further proof of the relationship between these two classes of tumours. There was a lady who had an enormous tumour of the breast. I could not say that it felt different from the

natural breast, but it seemed as if the breast were grown to a monstrous size. I called in Sir Astley Cooper, it being a doubtful case, and the patient being a person of considerable consequence; and he agreed with me in thinking that it was more like hypertrophy of the breast than anything else (for there is such a disease as hypertrophy, that is, an increase of the natural structure of the breast, without any actual change of structure). There was no hurry about it, and we tried pressure and some other remedies without any benefit. The tumour, however, continued to grow, the patient became tired of carrying about the load, and we recommended her to have the breast removed. Sir Astley Cooper was with me at the operation, and we set about it, believing that I should remove the whole breast. But when I came to cut down upon it, I found that the breast itself lay perfectly sound in front, while the tumour lay at the posterior part, between the breast and the pectoral muscle. I dissected out one portion of the tumour, and it had just the appearance of a chronic mammary tumour. Then, as I went on, I came to a mass of fat, which I drew out in the same manner; and then I came to another mass of chronic mammary tumour, but the whole connected together. The entire mass weighed probably two or three pounds. The breast itself was left perfectly sound. When we examined the tumour we found it made up of both structures; at one part there was common fatty tumour, and at another chronic mammary tumour, the one being blended with the other, so that they could not be separated. The patient did perfectly well.

I have said that the skin over a fatty tumour does not readily ulcerate, but that matter may form in the tumour, and then that the skin may become ulcerated secondarily. But Sir Astley Cooper used to say, that he had no doubt a fatty tumour would sometimes alter its structure, take on malignant action, and become a malignant tumour. Whether he had any dissections to prove that I do not know; but I have no doubt that he had seen instances in the living person which sufficiently justified the opinion; and I think the case I am about to mention proves that he was correct. A farmer from the country came to me with what appeared a fatty tumour on the back. It was as big as your two fists put together, and it had existed for a great length of time. There seemed to be no doubt that it was a fatty tumour, yet it was a little more firm in consistence than fatty tumours usually are. I dissected out the greater part of the tumour; and on examining it afterwards, I found that it was composed of a fatty substance, rather more condensed than usual, but that here and there throughout its substance there was a morbid growth, apparently belonging to the class of medullary or fungoid disease. It is reasonable to suppose that if the tumour had been allowed to remain, it would have ulcerated and run the course of other malignant tumours.

I have thought it worth while to bring this subject of adipose tumours before you, because I think a good many of the facts which I have mentioned, though of course known to practical surgeons, are not to be found in books, and that it will be useful for you to be taught them, and not to be left to find them out altogether for yourselves.

REMARKS ON LACERATION OF THE PERINEUM DURING LABOUR.

To the Editor of THE LANCET.

SIR,—In THE LANCET for Nov. 4, 1843, page 156, six cases of suture of the perineum immediately after delivery are related, as practised by M. Danyau, surgeon to the Maternité, Paris. I regret that the period during which these six cases occurred is not mentioned by the surgeon; for, as far as my experience extends for these last twenty-five years in this large manufacturing town, such a number of cases requiring suture for laceration of the perineum after childbirth, is more than enough, even in connection with I large lying-in hospital, for half a century. Indeed, were I to argue from my own experience, I would say that laceration of the perineum from childbearing, so as to require suture, is never necessary, if the ordinary means of prevention are used. In every case of this description which I have witnessed the injury was so slight that by attention to cleanliness for a few days the part healed up, so as scarcely to be recognised.

The perineum, in its natural state, is quite yielding and distensible to a sufficient degree for the passage of the child, and it is only when in a morbid condition that this rigid state of resistance is present. As the perineum, then, may assume the same forms of disease that occur in the other barriers to the passage of the child, so must the morbid state of resistance in the one be removed by the same means which are employed for the removal of the other, never forgetting, however, that the obstructing causes are often of a very different nature in different instances, and must be treated by the use of such means as are suited to each particular case. If the cause of delay arise from constipated bowels their contents ought to be evacuated by a purge or clyster; if from inflammation or even congestion of the parts, bleeding, according to the severity and obstinacy of the symptoms, is indicated; and if from spasm and acute pain, opiates and glysters are the means to be employed. No case of rigidity of the perineum, which has come under my care, has resisted the combined influence of these means.

M. Danyau speaks feelingly of his poor afflicted patients, and were he to turn his attention as closely to the removal of the rigidity of the parts concerned in the obstruction to the passage of the child as he has done to the employment of the suture, he would require to practise the latter very seldom. The labours after which the suture was used seem to have been severe and tedious; and, so far as I can gather from what is stated, they might, by the ordinary means of relief, have all terminated in a few hours, without any disagreeable occurrence; one of the cases, too, received no benefit from the operation, a result much to be deplored.

In the "Medico-Chirurgical Review" for October, 1843, the "Practical Treatise on the Diseases peculiar to Women," by Dr. Ashwell, is noticed. At page 275 of the Review, under the head "Occlusion and Rigidity of the Cervix Uteri," it is stated, "that the object of this chapter is to enforce the preferability of incision over every other means of overcoming the obstacle." "In reference to occlusion," the author says "that incision is the safest remedy where the os is in a state of firm and complete closure; or, in other words, where the uterus, so far as its lower orifice is concerned, is imperforate." Near the bottom of the same page it is again stated, "that relief is more safely obtained by *incision* than by forcing the female catheter, or other blunt instrument, through the obstruction—impracticable, indeed, as he would find it to do this in many cases, and dangerous in all."

I confess I was somewhat astounded on reading the above, but as I had never met with complete closure of the os and cervix uteri, except by adventitious membrane attached over the orifice of the os uteri, I resolved to remain silent on the subject; yet, on reconsidering that portion of the passage where it is said that "incision is preferable to forcing a female catheter, or blunt instrument, through the obstruction," it occurred to me that such cases might probably be arranged under the head of rigidity, when, by appropriate means, relaxation would most likely follow; then the best of all blunt instruments would be permitted to pass the strictured part, namely, the child's head.

Again, in the same sentence, it is said that the use of the female catheter, &c. would be impracticable in many cases. The phrase in "many cases" I certainly was not prepared to meet with in reference to complete obstruction in the os and cervix uteri. It really throws a damp over one's mind even to imagine the possibility of many parturient women being doomed to have the uterus laid open by a cutting instrument, in order to give room for the egress of their infants. It ought to be well impressed upon the mind of the inexperienced practitioner that in not a few cases, after severe and long-continued labour-pains, it will be difficult to discover an os uteri, and sometimes impossible, until a longer continuance of the labour is allowed. In such cases he may feel inclined to believe that no os uteri is there, and rashly decide on making one by incision.

"As to rigidity,—That in examples of such extreme rigidity of the os uteri, after hours of strong uterine effort, the power of dilatation is entirely absent. Whether such rigidity arise from disease in the structural organisation of the part, or has resulted from previous laceration and ulceration, incision is the best and safest treatment; far preferable to protracted and powerful dilatation of the os by the finger, or, on the principle of non-interference, to leaving the case to the natural efforts." At page 276 the author is again quoted:—"The simplest, perhaps, of the examples of rigid os uteri, is where a very contracted orifice is surrounded by a structure almost entirely undilatable. In such a case, although there may be little indication of organic change, still, if there be a total absence of the power of dilatation after the use of free venesection and antimony,—time having been allowed for their beneficial effects,—such a case cannot be trusted long with safety, either to the natural efforts or artificial dilatation."

These views held, and the practice pursued by Dr. Ashwell in rigidity of the os and cervix uteri, are so opposed to the views entertained and the mode of treatment adopted by me, that I trust I have only to notice the subject in order to draw the attention of the profession to a topic of so great importance in the practice of accouchery; for it is well known that for a considerable time past the thinking faculties have less been exercised than manipulations by cutting instruments.

My experience has furnished me so often with various degrees of rigidity of the os and cervix uteri, that in several instances, after long-continued severe labour-pains, the unrelaxed state of the parts continuing, I felt much alarmed, lest the child should be propelled through the walls of the uterus just at the cervix; for, on the occurrence of each pain, the head of the child pressed so strongly against this part that it seemed to become much thinner than natural.

Notwithstanding these extreme instances of long-continued obstinacy, every case, by the use of suitable means, gave way without injury to the parts concerned, thus affording a free exit to the child.

In most, then, if not in all those instances in which Dr. Ashwell considers "incision" necessary for the benefit of the patient, (woman), it appears to me that the rigidity might be more naturally removed by the use of such means as each case may indicate. At

least I cannot give up this impression until a very considerable number of cases are brought forward, and the nature of each case clearly and distinctly stated, and the means of relief in every particular as minutely noted; for the causes of rigidity of the os and cervix uteri are as various as the other causes of delay in the several parts concerned in the expulsion of the child. Now, as far as I can learn, Dr. Ashwell does not make these necessary distinctions, for he says generally that after the use of free venesection and antimony, without benefit, incision is the safest remedy. My experience has taught me that the relaxed and nervous patient, with great sensibility and rigidity of the os and cervix uteri, will receive, comparatively, little advantage from bleeding and antimony, and that unless the irritable and morbidly sensible state be removed by emollient glysters and opiates, according to the obstinacy of the case, the strictured state of the parts will not yield. The treatment by bleeding and antimony is clearly indicated in those cases where there is considerable vigour of body, accompanied with inflammatory action, with or without febrile symptoms; yet in a number of such cases the rigidity will not yield without the use of opiates, or until the continuance of the labour exhausts the patient.

In THE LANCET for December 9, 1843, that talented surgeon, Sir B. Brodie, in his lecture on polypus of the nose, when cautioning his pupils against rashly operating, perhaps throws out a hint to obstetricians, when he says that a woman, in a French hospital, at the full term of gestation, whose pelvis was considered too narrow for the egress of the child, was doomed to undergo the Cæsarean operation, but before the operators were in readiness to commence the operation the child was expelled by the natural efforts; or, as Sir B. Brodie facetiously expresses it, the child "preferred coming into the world by the old road."

In THE LANCET for December 23, 1843, page 402, Mr. Robinson, in a very friendly manner, takes notice of my remarks on his case of lacerated perineum. It is evident that Mr. Robinson is either not a constant or not an attentive reader of your valuable pages, or he would have observed long ere now the views held and the practice pursued by me, in reference to this subject, in a paper which appeared in THE LANCET for April 22, 1843. In this communication he may learn that I entertain a very different opinion regarding incision of the perineum from that which his "guessing" would incline him to believe. I estimate very highly the exertion made by Mr. Robinson in his research for information on this subject.

At the suggestion of Mr. Robinson, as well as for the information of others of my medical brethren in England, who have honoured me with a request to know where the published cases to which I have referred in THE LANCET are to be procured, I reply, that in my opinion a sufficiently ample account of the usual forms of protracted labours, accompanied with cases indicating the absolute necessity of varying the mode of treatment according to the nature of the case, in order that the means used may prove available, is to be found in a small book, entitled "The Accoucheur; a Treatise on Protracted Natural Labours, &c. &c.;" sold by W. R. M'Phun, Glasgow, N. H. Cotes, London, and W. Whyte and Co., Edinburgh. This book was published in 1839, and, although I have been in regular attendance on obstetric cases since that period, I could add scarcely anything to what is already contained in the work.

In order to successful practice, however, the book is not only to be read but carefully studied, and that, too, at the bedside of the parturient woman, so that the proper means may be employed, according to the nature of the case. I conclude, then, by stating that unless a great deal more attention is paid to the varied forms of labour, and suitable means employed, the rage for the use of cutting instruments will continue to increase. I am, Sir, your most obedient servant,

JOHN CRAIG.

Paisley, Jan. 22, 1844.

MEDICAL DEPARTMENTS OF INDIA.

THE following note was presented to the Earl of Ripon by Mr. Martin, on the 30th of January, when, after a long interview, the pension scale for the Medical Departments of India was rendered complete.

1. It appears, by a list of retirements furnished by Mr. McPherson, that, of twenty-two medical officers who have retired from the Bengal Army during the years 1841, 1842, and 1843, all but five were junior officers, comparatively, and who quitted the service before they were entitled to hold the staff-grade of superintending-surgeon even; in other words, seventeen surgeons retired from the army on completing twenty-one years of service, on an average, and at the average age of forty-three.*

2. Though this is a large proportion of junior officers out of the number above stated, it is well known that, but for the prohibition to retire during the continuance of war, many more of the junior classes would have quitted India.

3. But, independently of this prohibition, many officers were awaiting the result of pending measures affecting the interests of

* Formerly assistant-surgeons were admitted to the service at twenty years of age, now the age is twenty-two.

the service, and known to be under consideration at home. The moment the result became known, however, and the consequent disappointment felt by the medical service, there came, for the first time since the establishment of the retiring-fund, more applications for retiring pensions than there were annuities to grant, and that, unfortunately, on the part of officers who, from their standing, were of the most efficient class in the service.

4. By the present regulation no additional pension is granted from the stage of seventeen up to twenty-five years, when an increase of 100*l.* per annum is made. This long blank of eight years in the dreary, hazardous, and unprofitable career of tropical servitude, while it sinks men of common minds and routine views, rouses the energetic and the talented to try their fortunes elsewhere; and thus it is that the service in India is injured by their withdrawal, and the Government at home burthened with a number of pensioners, young and healthy in comparison.

5. The position and prospects of the medical officers of the Indian Army are manifestly disadvantageous in many respects, as compared with those of the Royal Army on the one hand, and with those of military officers of the Indian Army on the other; and this comparative inferiority undoubtedly has a depressing and deteriorating effect on the *morale* and efficiency of the corps. Excluded from the various staff-grades of the royal medical service, and having none whatever equivalent to some of them, the medical officers of the Indian Army are, by this very exclusion, held up as an inferior body.

6. As respects their standing with officers serving in the same ranks (bearing in mind that military officers enter the service about six years earlier in life), their relative position in regard to pension and age at the time of retirement, according to the provisions of the late regulation, will be as follows:—

Military officers, at the age of 38, and after 20 years' service in India, retire on a pension of 191*l.* 15*s.*

At the age of 42, and after 24 years' service, 292*l.* 4*s.*

At the age of 46, and after 28 years' service, 365*l.* 5*s.*

At the age of 50, and after 32 years' service, 450*l.*

Off-reckonings, averaging 700*l.* per annum, accrue to colonels in addition to the annual pension of 450*l.*

Medical officers, at the age of 41, and after 17 years' service in India, retire on a pension of 191*l.* 10*s.*

At the age of 49, and after 25 years' service, 300*l.*

At the age of 53, and after 29 years' service, 365*l.*

At the age of 56, and after 32 years' service, 500*l.*

At the age of 59, and after 35 years' service, 700*l.*

Without extending the comparison beyond the grade of colonel, a glance at the above simple table will show to which side the balance most heavily tends.

By a comparison of these tables it appears that, with exception of the first period, at which the medical officer attains the same pension only three years later in life than the military officer, the difference between the period of life at which the military and the medical officer attain their pensions respectively is greatly in favour of the former, as per table; and after thirty-five years' service, owing to the amount of the off-reckonings, the two cases will not admit of comparison, the military officer having obviously a vast advantage.

Age of the Medical Officer.	Age of the Military Officer.	Difference of Ages.
41	38	3
49	42	7
53	46	7
56	50	6

7. Changes in modes of thinking, no less than in circumstances, enhance the weight of disheartening causes that press against a body not represented in influential quarters, like the civil and military servants of the Honourable Company, and whose grievances, therefore, have the less chance of being understood or redressed, since they can scarcely excite the sympathy of those who have had no personal experience of them. Again, circumstances are greatly altered from what they were formerly, when education and its concomitant tastes and aspirations were of a lower order, and men in India thought but little of returning home. But now, owing to the unboundedly-extended field of intellectual energy comparatively, and to the moral collision, augmented and augmenting daily, as India is brought nearer to our doors, the aspect of things is very different. Officers of all classes, civil and military, entertain a strong desire to return home, and in every branch of the public service the Government has wisely opened out increased and increasing advantages to such retirement; but by the new medical pension regulation an inducement is offered to quit the service, to its injury and that of the state, on the completion of seventeen years service.

8. So much for considerations of a merely pecuniary nature. We have now briefly to consider others of even greater importance in proportion as the standard of education, and consequent qualification, is on the rise. In all public services, the medical service only excepted, it has been found necessary to look beyond mere pay; other stimuli have suggested themselves to Government as means to cherish zeal and activity. That

such are peculiarly demanded by the trying and depressing circumstances of Indian service none can doubt. That honours and distinctions have been most extensively earned by, though never bestowed upon, the medical officers of India, no one will venture to deny. The mere sense of personal merit will not compensate to the medical officer the stigma, as he must feel it to be, of belonging to a body studiously excluded from honours and distinctions open to his fellow-servants of more favoured but not more enlightened or more deserving classes. The sense of this injustice (for such, to all intents and purposes, it is) has operated to the prejudice of the public interests, by producing apathy and indifference to the claims of scientific investigation, and to the energetic conduct of field-service. How can it be otherwise so long as medical officers are to be the humiliating exception to marks of favour and approval from the state. The tone of the medical service stands urgently in need of being improved from without by a more generous recognition on the part of the ruling power. The military and civil services have many openings to honour, precedence, rank, and distinction, from which medical officers are entirely shut out without a shadow of equivalent. Year after year do they behold fellow-servants, in no respect their superiors in sterling merit, whatever they may have been by the chance of position, exigence, and interest, gazetted by the Sovereign to honours hitherto placed hopelessly beyond their reach, for reasons incomprehensible or unexplained. While this invidious difference—a difference unknown to any other country or to any other army—continues, it will be in vain to look for the development of excellence.

To conclude:—

The undersigned would beg respectfully to state to your lordship that, after the most full and careful consideration of the subject, grounded on a long experience of Indian service, as regards its past history, its character, and its wants, the following improvements are indispensable:—

1. The abolition of the medical boards at each of the presidencies, and the substitution of a director-general, with the requisite secretaries for conducting the administration of the medical department of the Army.

2. The substitution of staff-grades, similar to those of the royal service, to act under order of the director-general, and according to amended rules.

3. The granting of military and other honours to medical officers, in accordance with the views above submitted.

4. The granting the pension of 250*l.* per annum to medical officers of twenty-one years actual service in India, so as to offer an inducement to continuance in active duty for a farther term, and to prevent the secession of young officers comparatively, and such as has resulted from the recently-promulgated regulations for the retiring pensions.

5. By these easy and simple means the efficiency of the medical department of the Indian Army would be greatly advanced, while a body of eight hundred officers would be placed on a footing of public respectability.

(Signed) JOHN GRANT,
Surgeon Bengal Army.
J. R. MARTIN,
Surgeon Bengal Army
(Retired).

London, Jan. 1, 1844.

ON MEDICAL AND SURGICAL CONSULTATIONS.

To the Editor of THE LANCET.

SIR,—The following remarks relating to the profession, if deemed suitable to the pages of your Journal, are given with the intention of attracting the notice of those engaged in the honourable prosecution of the studies of medicine and surgery. These observations, though drawn principally from a locality, deserve universal attention, for what is true of a part in this instance may also be considered true of the whole body to which they relate. There is no intelligent person who can have failed to see what was favourably considered by the public to be the high-water mark of proficiency amongst the doctors, gradually assuming the level of general improvement in the members of the profession, and persons not in the profession, perceiving the advancement of the general practitioner, and the approximation of the dainty gradations of the faculty in everything but the *name*, look forward in confidence to a time, not far distant, when the Legislature will be obliged to establish some effectual means of testing the attainments and proficiency of the individual, and of sending him forth to the world with such a title as will put him on an equality in *name* with all he shall meet with in his fellow-men. That this coming together of the members of the profession in *name* is taking place in anticipation of future legislation, the titles of many will plainly show. Some surgeons consider it worth while to obtain the degree of M.D., and afterwards to stand as general practitioners, thus enabling themselves to say, when the opinion of a "Dub" is brought forward as authority against them, "I also am a physician." Doctors, too, now take an M.R.C.S. for the purpose of being able to proclaim that they have been through the ordeal of the surgeons; but it must be remarked that surgery cannot be practised without medicine, though medicine may be without surgery, so that if a person retires

into the field of a pure physician after having been educated as a surgeon, he does get a *name* indeed. These things are mentioned only to point out the necessity of some general standard of reference for the protection of all, for now such is the jealousy of men engaged in the exercise of a liberal profession that physicians and surgeons too often meet with feelings of animosity or derision; this, though not altogether, is considerably the fault of the system of medical education; the members of one gradation are constantly at war with those of another, more especially where both parties are pretty nearly equal in the resources of the craft. The surgeon is unable to approach the bedside of his patient without being under the necessity of witnessing the physician commit himself by an attempt to assume a superiority which does not exist; and the physician, after having exerted himself to maintain this apparent superiority before the patient, relaxes in the next room into a very polite deference to the opinion of the surgeon, affecting great nonchalance as to any discussion on the nature of the case. In truth, it often happens that parties leave the houses of the sick not only without there having occurred any interchange of opinion on the nature of the disease, but the one has positively no knowledge of the ideas of the other on the subject, so that through ignorance, or pride, or fear of derision, or dislike, the patient is most honourably treated with physic, and thus a *consultation* passes by. This is no vision; such conduct is constantly met with here, and needs no unveiling to the profession, but the public ought to be made acquainted with the detail of such occurrences in order that the actors in scenes of this nature may be made aware of the responsibility of their actions, deficient as they must be in all things appertaining to conscientiousness and plain dealing. It will not be right to enter into particulars, though quite within reach, in a note-book on the table, not in a single instance, but in many. What a happy thing it is there are some few persons who are most excellent exceptions to what is now said, and these will always receive the acknowledgement of their brothers and the thanks of the public for their noble and disinterested deportment; who will be blessed for the aid they bestow, the comfort they afford, the knowledge they are careful to acquire, and the gentleness of manner they have always at hand to call forth the affections and gratitude of those to whom they are called upon to administer. Not doubting that these general remarks will be most particularly beneficial in this quarter, and that they will be of use in fixing attention in other places, your constant and attentive reader signs himself,

COSMOPOLIS.

Bristol, Feb. 14, 1844.

EXTRACTION OF FOREIGN BODIES FROM THE EAR.

To the Editor of THE LANCET.

SIR,—In hospital practice, I have frequently stood by and witnessed the unsuccessful attempts to remove foreign substances from the *meatus auditorius*. My attention has again been directed to this subject by a recent lecture of Sir Benjamin Brodie, who says, "Foreign bodies are sometimes passed into the external meatus auditorius. A child was brought to me, with a piece of slate-pencil in the meatus. Now, it may seem to you a very easy matter to extract a foreign substance when in this position, because the part is more in sight than when it is in the nose; but it is not so. When the substance is in the nose, you may employ very rough usage in extracting it, and no great harm done. I have already told you, when speaking of polypi, how much violence you may use to the nose with apparent impunity. But you cannot act in the same manner with the ear. A child was brought into this hospital, having a pea in the ear. A great many attempts were made to extract it previously to its admission, and the child presented very alarming symptoms of inflammation of the membranes of the brain, and soon afterwards died. On examination of the body the membrana tympani was found to have been destroyed by the violence that had been used; the pea had been forced into the tympanum, and the rough usage of that cavity had caused inflammation, that had extended to the membranes of the brain. There was pus between the bone and dura mater."

In the cases I have referred to, it appeared to me that the difficulty was increased by the unsuitable form of the instruments employed. In many of them the extremities of the blades were *flat* on the grasping surfaces, and so thick and clumsy that it was difficult, even if it were possible, to introduce them between the walls of the cavity and the substance to be removed; and in all of them the *width* of the blades increased towards the joint; the external orifice consequently pressed on them, and closed the instrument by the time it reached the substance, and every attempt to grasp it rendered the difficulty still greater, by pushing it further into the passage.

As I have given some attention to the construction of tooth-forceps, I thought I could plan an instrument which would entirely obviate the difficulties I have enumerated. The forceps I have had made for this purpose pass freely into the ear, until they meet the opposing substance, and then, on opening the handles, the slightly concave extremities act as dilators, and will securely grasp a substance which has previously choked up the passage; while the blades at

the orifice diminish, rather than increase in width, even when open to the full extent. This instrument has been seen by Sir Benj. Brodie, who was much pleased with it, and requested to retain it, in order to have one made for his own use. It is equally well adapted to grasp a pea, a cherry-stone, or piece of slate-pencil, substances most frequently introduced by children, as large masses of indurated wax, and I think it would also be found useful in removing small polypi from the nares.

As I have intended it for others' use, rather than my own, it is quite at the service of any one who is likely to stand in need of such an instrument. I am, Sir, your obedient servant,

J. Chitty Clendon.

Conduit-street, March 5, 1844.

TREATMENT OF MEDICAL MEN UNDER THE NEW POOR-LAW.

To the Editor of The Lancet.

Sir,—Will you permit me to call the attention of my professional brethren to a subject which is peculiarly important at the present moment, and in which all are more or less deeply interested, I mean the treatment of medical men under the new poor-law. It cannot be denied that the position in which many of them have been placed by this odious measure has been the means of degrading them individually in the estimation of their neighbours, and the profession at large, in public opinion. There can be no question but that the former high standing of medical men has been infinitely reduced by the law which subjects so many of them to the mercy and caprice of a board of guardians, in too many instances composed of vulgar ignorant persons, who delight in being able to show their "Jack-in-office" airs to a professional man. I cannot help thinking that sufficient importance has never been given to the consideration of *who are proper people to be selected to act as guardians*, as a bad law ought not to be rendered worse by being put into the hands of knaves or blockheads. The time is now approaching when each parish will be called upon to return guardians for the ensuing year, commencing at Lady-day, and I beg earnestly to call upon the medical profession, in every district in the kingdom, to take *immediate steps* to endeavour to bring about the election of honourable, liberal, and conscientious guardians, as the only safeguard for their professional respectability in every point of view, whether as union officers or otherwise. I do not mean to suggest that we should *publicly* canvass in our respective neighbourhoods, but no one can be ignorant of the fact that a surgeon of reputation and character has a legitimate influence amongst his neighbours, which he might surely exercise for so good an object as the formation of a humane and enlightened board of guardians, which, besides being of great moment in a professional point of view, is likewise of great importance to every rate-payer. It would also be of no small advantage *to return at least one medical man to every board as guardian*; for, independent of the service he might render his brethren, there are many cases in which a medical opinion is highly desirable. Let us hope that the profession will, at all events, be unanimous and active *on this subject*, and that the new boards of guardians will be composed of persons who will at least know how to treat their medical officers as gentlemen. The remedy for many of the grievances complained of by medical men lies in their own power, and if they are too timid or apathetic to avail themselves of it, they must be content to bear them, and not be surprised if they materially increase. I am, Sir, your's, very obediently,

An Old General Practitioner.

Feb. 27, 1844.

REMARKS ON THE MODE OF ELECTING MEDICAL OFFICERS OF UNIONS.

To the Editor of The Lancet.

Sir,—I will not trouble you with remarks on the fertile subject of general medical politics, although I feel strongly impelled to do so, but will confine myself to requesting the attention of medical reformers to one or two points.

Eight-tenths of the population are under the care of general practitioners,—the labouring population of this empire entirely so; there is at present very fair legal protection for the public and for the profession, but the laws are not carried into effect; in many parts of the country persons are practising who have no diploma of any kind; and such persons are occasionally appointed to unions by the poor-law commissioners, because highly qualified, educated, and even accomplished practitioners, who were previously devoting their talents to the poor, shrunk from the degrading terms and mode of election laid down by the new poor-law, and made worse by the *illegal infraction* of the *wholesome* and *protective provisions*. Let the various medical associations, with their branches, apply officially, through the secretary, to medical men of known respectability in the neighbouring towns and localities, merely requesting the names of all who are practising in their neighbourhood, with certain printed questions, to be answered or not according to convenience; probable age of practice, whether holding at present, or having held at any past time, any public appointment, or occupied in parochial attendance; what diplomas, if known. By some such plan as this, which, I am sure, might be easily effected, in which there would be no

difficulty in getting respectable medical men to unite, a correct knowledge of the real state of the profession would be obtained, and might be made public, and be generally diffused, and certain methods pursued to check interlopers. This might and should be *immediately* commenced by any or all associations. The public and the profession would be much surprised to see the very great proportion of those practising without any diploma or pretence to any kind of education, and of those who are only half qualified. In this county it is notorious. No injury so great, either by omission or commission, has, ever been effected towards the medical profession, or to the public in their relation to the profession, as by the New Poor-law Act, and by those who have carried it out and stripped it of the little justness it contained; no medical man feels secure in his position; the poor-law guardians can at any time allow a stranger to introduce himself, and by unworthy arts oust and injure the steady scientific plodding practitioner.

No sound principle is followed in the choice of medical attendants on the poor. The best that a neighbourhood affords should be procured for them. If we look to the mode of election of a surgeon to a hospital, wherein he would have the care of one hundred patients, we find persons of the *highest qualifications* chosen; if a surgeon is appointed to a regiment he must not only be a member of the College of Surgeons, but he must undergo also another examination. What would a committee of a London hospital think if the magistrates and farmers of an union were to select a practitioner as a physician or surgeon for them? Yet these are the caterers in medical science for the *benighted* poor of this *enlightened* (!) country.

Medical men, Sir, should not be classed amongst the butchers, bakers, chandlers, &c., for the guardians to choose from, nor should medical officers be paid by them; the medical should be a *Government appointment*; the poor-law commissioners should assess an union to a certain amount for medical remuneration, and Government should add what might be considered as moderately sufficient. The medical attendant would not thus be exposed to any ill-feeling of *grudgingness* from the guardians, who would feel that a certain amount must be paid whoever was appointed; but they would still hold and perform their most important functions—the "*guardianship" of the poor*, and control over the medical attendant as to his personal performance of duty.

Such a plan, Sir, would make the attendance on the poor an honourable appointment, which would be readily accepted, and even sought for in most places by a class of practitioners who shrink from the degrading terms and unworthy competition which the present system entails. I am, Sir, always your constant reader, ALETHES.

FOREIGN DEPARTMENT.

ACADEMIE DE MÉDICINE, PARIS.

ON FOREIGN BODIES IN THE EXTERNAL AUDITORY CANAL.

M. MARCHAL related the following case to the academy:—"M. de Smidt, captain in a cavalry regiment, began to be rather deaf of the right ear, in the year 1821. One day, during the winter of that year, he perceived a kind of motion in the ear; it seemed to him as if something had given way, and for a short time he heard much better. From that date he remained subject to occasional deafness, and to humming in the right ear. At the beginning of the present winter he was seized with violent and continued headach, with buzzing, and nearly complete deafness on the right side. As these symptoms were attributed by me to a certain degree of cerebral congestion, I bled him from the arm, and applied fifteen leeches over the right ear. The headach was calmed, but the humming continued. I then examined the ear carefully; this I had some trouble in effecting, from a certain degree of flattening and thickening of the canal. Nothing was discovered, but thinking that there might be some hardened cerumen deeply situated, I ordered injections with an emollient fluid. These injections were continued, until one day, to the great surprise of the patient, a rosary-bead escaped. From the alteration which it had undergone, it is evident that it must have remained a great length of time in the ear. M. Smidt does not remember when it was introduced, but thinks it must have been when he was only four or five years old, in which case it would have remained forty-five years in the ear. The bead being perforated, M. Smidt, rationally enough, conjectures that the different positions it assumed explain the alternations of surdity and tolerable audition which had so long been observed. From the moment of the extraction of the foreign body, he ceased to suffer from headach, and the audition became as perfect on the right as on the left side.

"Cases such as the above," said M. Marchal, "in which foreign bodies in the ear have remained long unrecognised, are not rare in the annals of science. Among these are two worth recalling to memory. Power was treating a young girl affected with abundant salivation, who had fallen into a state of marasmus, and seemed nearly expiring. He had tried, without success, every means of treatment that he could think of, when he was induced, by some reason or other, to examine the auditory canal. From this he extracted a piece of fetid wool, of the presence of which the young girl was totally unconscious, and she very soon recovered her health. The second case is given by Fabricius, of Hilden. A little girl allowed a

small ball of glass to get into the meatus auditorius. Vain attempts were made to extract it, and it was lost sight of. Some time afterwards hemicrania on that side made its appearance, as also incomplete paralysis of the corresponding side of the body, accompanied by pains similar to those of the head, and, like them, subject to changes under the influence of atmospheric variations. After suffering five years she was seized with epileptic fits, and the left arm became atrophied. Fabricius learnt, by chance, from his patient, the circumstance of the glass ball having been introduced years before into the ear. On examination he ascertained that it was still there, extracted it, and the accidents ceased. In this case the whole train of symptoms appear to have been produced by pressure on some branches of the fifth pair."

Baron Larrey, during the inspection of Algeria, which he made a short time before his death, used to recommend to the soldiers to cover their ears well when they slept in the field, in order to prevent the penetration of insects, or the deposit of their larvæ. On one occasion a man affected with incurable otorrhœa was presented to him. He examined the ear, took hold of a pair of forceps, and drew out a white worm, two-thirds of an inch in length. The otorrhea was, as may be supposed, soon cured.

M. Begin remarked, that in the army of Africa such cases were not rare. He had seen several instances, in which insects had thus deposited larvæ in the ears of soldiers, who had subsequently presented very anomalous symptoms.

Glossology; or, the Additional Means of Diagnosis of Disease to be derived from Indications and Appearances of the Tongue. By Benjamin Ridge, M.D. London: John Churchill. 1844. Pp. 82.

There is much truth in the statements of the author in justifying his attempt to establish a new doctrine, viz., that unless it be based upon facts it will share the fate of many of its predecessors, and be speedily forgotten. Still there is nothing like finality in the profession, and so far from discovery being at an end, we may be nearer the truth in asserting that it has barely commenced. The importance of diagnosis must be too evident to require additional comment, and in as far as this desideratum can be accomplished by external signs, every attempt to facilitate it is praiseworthy. The author of the present little work is an enthusiast, and as such must be listened to with caution, not that he deserves less attention; for all the good that has ever been done directly or indirectly has been accomplished by zealous endeavours to establish some darling conception:—

"The tongue may, with propriety, be called an internal as well as an external organ; internal, from its situation in the cavity of the mouth, subject to all the laws of an internal organ, contributing largely to the performance of the first duties of the *primæ viæ*; and as an external organ it is capable of being protruded and examined, a circumstance peculiar to itself, no other internal organ possessing the like double properties."

This is one of its physical properties, and not one of minor importance, that in this double capacity one-half should belong to the patient, the other to the physician; but it moves in a more exalted sphere: it is in direct influence with the brain.

"My tongue must now assist my voice in conveying to you the spirit of this paper,—a conveyance of my thoughts or mental conceptions by direct communication through the instrumentality of the tongue. Can you deny, then, that the tongue is in direct connection with the organs that constitute the voice, the lungs that generate the air which stimulates the vocal cords, and the mind that forms the matter for the tongue to put in shape and utterance."

This is all very true, but far from being new, as the whole of this panegyric has been better expressed by one line of Lucretius, which explains the physical and spiritual functions of this organ so concisely and so beautifully. We allude to his description of its state in the plague of Athens—

"Atque animi interpres manabat lingua cruore."

The anatomy of the tongue serves to swell the volume rather superfluously, except in as far as the author's divisions and subdivisions of this organ are so founded upon demonstrative evidence that it becomes necessary to reproduce such; for as regards these subdivisions (referring to the original essay) the author says, "I found that anatomy bore out the truth of the discovery, which, as it appeared satisfactory, I have now offered you."

These truths are comprised in appointing each division to represent the state of different organs.

The centre laterals represent the respiratory organs.
The oval—the pleuræ.
The laterals—the chylopoietic viscera.
The sides—the kidneys.
The tip—the large intestines.
The edges—the brain.
The heart takes in the whole of the tongue.—P. 25.

The doctor takes a different view of the papillæ from that of most of his contemporaries. They are not, as generally supposed, the fine points of the gustatory nerves, devoted to the sense of taste, but they are follicles destined to the secretion of mucus. These are divided into different kinds, and it is from the appearance of these that the author believes all inferences may be drawn respecting diseases and their real seat.

"To my mind, the papillæ are of equal value with the pulse in the diagnosis of disease."

Such is a summary of the author's opinions upon the use of studying the appearances of the tongue under certain guidance. Its advantages are superior to any we hitherto enjoy, because they not only afford us a correct view of the system in general, but they put us "*above our patient*," and enable us to detect any attempt at concealment or misrepresentation. We know not whether the study of these papillæ would not inform us of the ages of children, and be a useful adjunct to the examination of the teeth of factory children.

It is evident that the doctor promises much good to the profession by the adoption of his theories; but it will require much time and investigation, much patient silence, before it will be safe to set up these doctrines as a standard of truth.

The tongue is an organ, no doubt, of the greatest importance, and it is merely when examining the state of its papillæ that it is necessary to keep it still.

DEPHARMACATION OF POISONOUS FUNGI.

PAULET, during the last century, ascertained that salt and vinegar removed every deleterious principle from that most poisonous plant the *agaricus bulbosus;* that it is the universal practice in Russia to salt the fungi, and that this may be the cause of their harmlessness, just as the pickling and subsequent washing of the poisonous agaric of the olive renders it eatable in the Cevennes. Nevertheless, it is much wiser to run no risk with unknown fungi, even taking such precautions; and so strongly did the botanist Richard feel the prudence of this, that although no one was better acquainted with the distinctions of fungi, he would never eat any except such as had been raised in gardens in mushroom-beds.—*Lindley.*

THE LANCET.

London, Saturday, March 16, 1844.

ON Saturday next, March the 23rd, will be published the First Number of THE LANCET in the ENLARGED FORM, printed in AN ENTIRELY NEW TYPE, the price changed from *eightpence* to SIXPENCE, and STAMPED, for delivery by post.

THE admission and enrolment of legally-qualified medical practitioners, and of registered students in medicine, as members of the MEDICAL PROTECTION ASSEMBLY, is proceeding rapidly and successfully. The SECRETARY regularly attends, daily, at the CROWN AND ANCHOR, Strand, from the hours of eleven to five o'clock, and as a sufficient number of the diplomas is now prepared, gentlemen who are qualified as candidates may be sure of not being required to make a second application to have their names enrolled in the list of members. The number enrolled before the aggregate meeting, there is now every reason to expect, will be very numerous, and amongst the names will be found many belonging to the most scientific, respectable, and influential members of the profession.

HENRY ANCELL, Esq., at the request of a deputation from the Medical Committee, has consented to preside at the AGGREGATE MEETING OF THE PROFESSION ON THE 25th instant.

WE this week publish some interesting remarks by Mr. CRAIG on "Laceration of the Perineum during Labour." Referring to the cases of perineal suture after this accident at the Maternité Hospital, Paris, which appeared in THE LANCET of Nov. 4, 1843, Mr. CRAIG asks how it is that so many instances of that lesion should have occurred at the above hospital, apparently in a short lapse of time, and states that many years' experience of midwifery practice has taught him that extensive laceration is a very rare accident when proper attention is paid to parturition.

That these surmises are correct is very probable, owing to the peculiar organisa-

tion of the above-named hospital, and we shall take advantage of this opportunity to give our readers a slight account of the Hospital of La Maternité, and also of the present state of midwifery in France.

The "Maternité," familiarly called "La Bourbe," from the name of the street in which it is situated, is a large pile of building containing several hundred beds for the reception of women in labour, or in the last stages of pregnancy. With the exception of the wards of Baron DUBOIS, at the "Hôpital des Cliniques," near the School of Medicine, it is the only place of refuge for women belonging to the humbler classes who have not the means of meeting their expenses during the last months of pregnancy. In the other hospitals, women who apply for admission when actually in labour are never refused, but they are not admitted except under such circumstances. In some, at St. Louis, for instance, there is a midwifery-ward, of ten or a dozen beds, especially set aside for their use; when this is not the case the women are placed promiscuously among the other patients, and delivered in their respective beds. It must be remembered that the French hospitals participate both in the character of our hospitals and also our workhouse infirmaries, and that all the accommodation being free and in the hands of the medical officers, the sick poor at all times find a ready entrance into these truly Samaritan institutions.

Owing to the circumstances which we have mentioned, the Maternité is the great resort of destitute parturient women, and, indeed, of many who are not in a state of destitution. The number of females who are annually delivered in this vast institution amounts to more than five thousand, thus affording one of the finest fields for the study of the obstetric art that Europe presents. Were the unparalleled advantages which this hospital contains thrown open to the students, or even to the profession, Paris would be able to vie with Dublin or Berlin as an obstetric school; but, unfortunately, such is not the case. This immense hospital, with all its treasures of knowledge, is closed to the medical profession by the illiberality of the non-medical board that governs the Paris hospitals; and the sources of information which it presents are made over to an ignorant and illiterate set of women—the *sage-femmes* and their pupils.

In France there are no parish doctors, and the fee demanded by the regularly-educated medical men for attending an accouchement is high, being scarcely ever less, in town-practice, than two pounds, and generally much above that sum. Such being the case, the poorer classes resort nearly exclusively to midwives, or *sage-femmes*, as they are called. No one who has visited Paris can fail to have remarked the gaily-painted sign-boards which are seen in every street, suspended alongside the houses, representing a handsomely-dressed female holding a newly-born child in her arms. These "signs" indicate the residences of the midwives. The *sage-femmes* throughout France, are in possession of the greater part of the midwifery practice, not from any feelings of delicacy on the part of the population of that country, but because the remuneration they demand is trifling compared with that of the well-educated *docteurs*. Every *sage-femme* however, has her "*médecin*," as she styles him, among the latter, whom she calls to her assistance in difficult cases; and as they are generally rather timorous in their practice, nearly all the really important cases fall into the hands of the profession.

The French midwives are not a totally uneducated class of women. They have to pass through a certain course of study, comprising attendance at an obstetric hospital, if there is one in the "departement" in which they reside, attendance on several courses of lectures, the study of the anatomy of the pelvis, &c. &c., and after undergoing regular examinations receive a diploma or licence to practice.

Although a certain amount of study is forced upon them, they cannot be said to be well informed even in the branch of the medical art which they practise; nor is it surprising that this should be the case. Originating always, or nearly always, from the humbler classes of society, their knowledge is generally confined, when they commence their medical studies, to reading and writing. Their minds being thus totally unprepared, by previous training, for intellectual labour, they profit but little by the opportunities afforded them. On the other hand, their studies are necessarily incomplete and of short duration; it is not intended to make them perfect in the obstetric art, but merely to give them that amount of knowledge which is calculated to render them safe assistants in ordinary cases of labour. When any difficulty presents itself it is expected that they should call in a medical man, and when any operation has to be performed they are *obliged* by law thus to act. In practice the *sage-femmes* are an amusing yet troublesome set of people to deal with. Full of their own importance, generally possessed of some crude and out-of-the-way medical opinions, they are very fond of interlarding their conversations with scientific terms, whether applicable or not to the cases in question. Indeed, they have often reminded us of the Latin-spouting doctors whom MOLIERE so admirably satirises. In their own little sphere they are certainly important people. They all take in boarders, a practice which, in large towns, affords great facilities for the concealment of *faux pas*, attend both labours and the diseases which follow, when not very severe; they bleed, vaccinate, and often extend their professional services to both mother and child for the first year or two after the accouchement.

The profession in general, at least in large towns, is favourably inclined towards the *sage-femmes*. They principally attend, as we have stated, persons from whom medical men would not be able to obtain adequate remuneration, and seldom intrude in those quarters where the *docteur* wishes to reign. In France there is no prejudice whatever against midwifery, either in or out of the profession. All young medical men practise this branch of medical science, and among the elder ones it is only the hospital surgeons and physicians, the professors at the Faculty, and the candidates for these appointments, who refrain from attending obstetric cases. And even amongst these it is merely with a view to concentrate all their energies on the part of the profession to which they have devoted themselves, the concours system imperatively demanding such a sacrifice. It is a singular fact that the gentlemen who devote themselves entirely to midwifery, of whom there are, perhaps, a score in Paris, are nearly all pure surgeons; for instance, DUBOIS, VELPEAU (formerly), MOREAU, DANYAU; whereas, with us, pure surgeons scorn midwifery, and leave its speciality to physicians, who again are looked down upon by the colle[illegible] to which they belong.

But although the medical men in France are well disposed towards the midwives, they bitterly complain, and with just reason, of the midwifery hospitals being made over to women who occupy so inferior a position in the obstetric field. All the important and difficult cases falling, eventually, throughout the entire country, into the hands of the faculty, medical students, they say, ought to have every facility for the prosecution of their studies which the public establishments can afford, in order that they may thus acquire sufficient knowledge of the difficulties of midwifery to be competent to occupy the office of consulting-accoucheur, a position which the organisation of the profession and of society imposes upon them when they commence practice. The medical staff of the Maternité consists of M. MOREAU, M. DUBOIS, M. DANYAU, and a number of resident *sage-femmes*. M. MOREAU is the physician, and only attends in the infirmary where

the women are placed if seized with disease before or after delivery. The two other gentlemen are the surgeons, but are merely called in when the labour presents some anomaly or some difficulty. The accouchement, under other circumstances, is managed exclusively by the *sage-femmes*, assisted by their female pupils. The hospital is absolutely closed against the profession.. Even the physician and surgeons, we believe, have not the power to take a stranger round the wards. A Russian gentleman of some note, the professor of midwifery at the University of Khiva, applied in vain, during a winter's residence in Paris, for permission merely to inspect the internal arrangements. It may be remarked that wherever the *sage-femmes* have any authority entrusted to them they are exceedingly jealous of it, and look upon medical students as intruders, and endeavour to get rid of their presence by every means in their power. Thus, at the Clinique of Baron DUBOIS, the only midwifery institution accessible to students in Paris, the *sage-femmes*, who even there preside at the internal arrangements, are so supercilious in their conduct, and throw so many impediments in the way of those who follow the Baron's practice, that many even forego availing themselves of the comparatively slight means of instruction which this hospital affords.

We think Mr. CRAIG will, after perusing the above details, at once understand *how* it is that the cases of laceration of the perineum given by M. DANYAU occurred, and we shall conclude by advising our younger readers *not* to go to Paris to study midwifery.

WE have received from a correspondent a number of the *Worcester Chronicle*, containing a detailed report of an inquest which lately took place in that town on the body of an infant poisoned by an overdose of "a child's cordial." The mother finding her infant, twelve months old, restless and poorly, sent a lad, ten years of age, to the chemist's for a pennyworth of "child's cordial." Nearly a tablespoonful of the mixture, each ounce of which contains one grain and a half of opium, was administered; and the child went to sleep, to wake no more. The post-mortem examination and the details of the case render it evident that the child died from the narcotic effects of the medicine administered. At the inquest several druggists were examined, and from their evidence it appears that they are all in the habit of selling a preparation called "child's cordial," the receipt for the preparation of which varies, the principal ingredient however, always being opium. Generally speaking, no directions are given as to the quantity to be taken; indeed, one witness stated that he looked upon the medicine as an article of commerce, and sold it as such, meaning, as he afterwards stated, that it was an article which he usually sold without any precaution as to the manner in which it was to be administered, or into whose hands it might fall, while on articles of a more deleterious nature labels were placed, and various precautions taken respecting them!

The views of this enlightened and philanthropic individual with regard to the sale of a preparation destined entirely for infants, and containing such large doses of a powerful narcotic that one tablespoonful is sufficient to destroy the life of a child twelve-months old, deserve quoting as a specimen of the opinions entertained by some persons who come under the class of "men of business." Truly, pharmacy in England must be in a deplorable state, and we are surprised that the continual danger in which the lives of her MAJESTY'S subjects are thus placed should not have, ere this, aroused the attention of the nation at large. The witness whose opinion we have just quoted, considers opium in the form of "child's cordial," a fair article of commerce. Others there are who take the same view of still more dangerous drugs. Thus, in the same newspaper in which we find the report of the above inquest, we also r ad that a

girl, thirteen years of age, has been committed to Lincoln Castle for poisoning two younger brothers with a pennyworth of arsenic, purchased of a Mr. Overton, of Bennington, near Boston. With Mr. Overton, arsenic, we suppose, is a mere article of commerce. In France matters are managed far differently. The dispensing of drugs belongs solely and entirely to the "pharmacien," no medical man being allowed to dispense if there be a "pharmacien" residing within a mile of his place of abode. The "pharmacien," on his side, is a graduated man, regularly educated and qualified for his profession, and is allowed by law to employ only qualified assistants, that is, young men who have gone through part of their studies. He himself is not permitted to dispense any medicine, or to sell any without the prescription of a qualified practitioner. This latter law is framed to act as a barrier against illicit practice, which it checks without, however, entirely preventing.

COMMITTEE OF THE MEDICAL PROFESSION,

CROWN AND ANCHOR, STRAND.

On Wednesday, March 6th, a special meeting was convened to hear the Report of the Auditors of Accounts, &c. Henry Haynes Walton, Esq., of Bernard-street, Russell-square, was called to the chair. The minutes of the former meeting having been read and confirmed, the Chairman called upon the Treasurer to read the Auditor's Report, when

Mr. Cooper rose, and claimed precedence upon a question of privilege. He stated that in order to protect the rights of the medical profession it became necessary that individual members should come forward and meet together in order to concert the necessary measures. In doing this a sacrifice, which every gentleman now present knows too well, had been made by each of us. Situated as we are in London, we have stepped forward to take up the cause of our brethren, more especially those who, from a residence in the country, are unable to do so themselves. Any individual members of this committee, after leaving their homes and business for a public good, ought not to have their characters and motives impugned and traduced by those who profess to act with them. Such, however, has unfortunately been the case, and unless we take the proper steps to protect ourselves, who will or who can, in justice to themselves, take part in the furtherance of the great object we have begun, or what good can arise from our movement? It, perhaps, is unnecessary to say more at present, as the following resolution will speak for itself: — "That this committee having been constituted to carry out great, high, and honourable objects, for the advancement of the interests of the public and the protection of the members of the profession, attacks made by persons belonging to the committee on the private character or reputation of any of its members disentitles such persons to seats on this committee."

Mr. Rugg seconded the motion, and after a short discussion, strongly in its favour, it was carried unanimously.

Mr. Cooper then drew the attention of the committee to a series of scandalous and unfounded attacks upon the private character of several of the most active members of the committee, more especially Dr. Lynch. Mr. C. stated that before he proceeded farther he would ask Mr. Weathers if the letter he would read, bearing his (Mr. W.'s) signature, was authentic, stating that he was one of the proprietors of the journal then on the table; and, if so, whether he still acquiesced in the personal attacks made in that publication; and, if not, would he insert a notice of his disapproval in the next number of the work, and give up the name of the author of some of those attacks made under the name of "A Correspondent," in order that the author himself might be dealt with by the committee, of which he declared himself to be a member?

Mr. Weathers, after considerable hesitation, said that he had never acted as the editor, and he could not comply with the requests Mr. Cooper had made.

Mr. Cooper: Such, gentlemen, being the case, there is no other course left. It is perfectly within Mr. Weathers' power, as proprietor of the journal, to prevent the editor, his servant, from repeating those attacks, and if he chooses to shelter a man who is cowardly enough to attack individuals under the assumed name of "a correspondent," he must be dealt with as the author. It seems to me our only course, and, although reluctantly, yet I must, in justice to myself, to those who have been attacked, and to the cause itself, move the expulsion of this and of any other member of the committee who shall be found acting a part so unprofessional, so unjust, and so ungentlemanly. If Mr. Weathers remains I cannot, and I believe no other person who respects his character, can any longer belong to a committee of which he or any man who would be guilty of a like course belongs. It is the only means we have left us of showing to the world that we are determined to uphold the character and dig-

nity of our brethren, and to cease to associate with those who are unfit to associate with us. I regret I am placed under the painful necessity of bringing this forward against a member of my own profession; but there is a still more painful thing, viz., the allowing persons of unsullied character and station to be assailed by a member of this committee without marking such attacks with the just censure it deserves. I, for one, will not shrink from doing this whatever may be the personal annoyances such a course may expose me to. Here are parties, who affect to approve of all that is done, going home and setting their thoughts to work to misrepresent and slander the persons with whom they have been acting. This can only be for the purpose of upsetting our present endeavours. I cannot say but that I have some idea who the persons are; and on the first opportunity I will unmask them also, and hold them up to the execration of every honest man.

Mr. Cooper then moved the following resolution:—"That certain observations, of a most slanderous and malignant description, directed against the private characters of members of this committee, having appeared in a periodical publication, a number of which is now on the table, containing the libellous expressions in question, and Mr. George Weathers, a member of this committee, having publicly acknowledged that he is one of the proprietors of that work, this committee is of opinion that the name of that individual should cease to appear on the list of its members; and, that this committee, ever mindful of the great and important duties which it has humbly, though earnestly, undertaken to execute, strenuously recommends to all its members to abstain, both at the sittings of the committee and elsewhere, from all observations and remarks which can even by implication be deemed to be of a personal nature or character." (Cheers.)

Mr. MACKENZIE (Berners-street), seconded the motion.

Dr. LYNCH said that, as a party who had been exposed to a system of misrepresentation, he begged to make a few remarks. Every member of the committee was aware of the falsehood of these attacks; Mr. Bullin, Mr. Hutchinson, who was present, Dr. Wray, who had been his colleague for several years, could certify as to his character both as a gentleman and a member of the same profession; they were his neighbours for ten years; no act of discourtesy towards his brethren, no imputation had ever been thrown out against him until he had been maliguantly assailed by a foul-mouthed slanderer in the periodical called the "Medical Times." One of the parties he could trace. His educational acquirements had been impugned. He read letters from the editor of that work speaking in the most fulsome flattery of his writings, acknowledging the great obligations they felt when honoured by any of his contributions, and soliciting others. Mr. Weathers was one of the proprietors; he inserted such attacks; he was aware that he was giving currency to premeditated lies, to malignant falsehoods, and was, as a matter of course, responsible for them. He stated, as an instance of the low vindictive feelings that actuate the proprietors, that copies of the journal containing the false and defamatory articles were sent, gratuitously, to every coffee-shop in his neighbourhood, to ruin his reputation and destroy the means whereby he lived. (Strong marks of indignation with cries of "expel him.") He would feel regret at such an extreme step; he did not want to brand a man with ignominy upon almost the threshold of a professional existence; if he expressed contrition, and inserted a retractation, he, although most maligned, would entreat them not to press the resolution; in this wish he knew he would be joined by Mr. Simpson and Mr. Rugg. The head and front of his offending was, that he, who had originated the movement, refused to be their partizan and tool. He refused to allow a noble cause to be damaged by the rivalry of a periodical; for this he was assailed with all the malice and uncharitableness which envy could invent. What was his lot to-day would be theirs to-morrow. The party who wrote the calumnious articles under the title of "Correspondent" took part in, and approved of, our proceedings; he affected the greatest earnestness in the cause; he made suggestions for their guidance; he was even the author of a rejected address; yet he played the dishonourable, the hypocritical part of anonymously elaborating those shameful imputations on private character which they all so strongly condemned. He was on his trail; like the red Indian, he would pursue him to detection. The infamous libeller stated that Mr. Wakley had bribed him. Mr. Wakley had never contemplated, much less dared to offer such an insult; he rejoiced that the deputation had succeeded in enlisting that gentleman in the cause, and won his hearty and powerful co-operation, without a compromise or unworthy motive on either side, or without any deviation from the strict impartiality which we at first expected. The "Medical Times" had compelled every honourable man to avoid any contact or contamination with its editors and proprietors. We then, as now, repudiate any dictation from any quarter; our course is, has been, and I hope ever will be, bold, open, honest, disinterested, and independent; the great cause we advocate demands that we drive all detected *traitors* from our camp. No man will join us if he has to run the gauntlet against bitter and virulent persecution; we know how timid medical men are; how averse, by the nature of their avocations, to agitation. Self-pre-

servation, the protection of their character, station, and interest, would induce them to join us in this last struggle against injustice. We must be determined, and, by energetic means, prove that we will protect them from slander; we must defend our members, as we would ourselves; there is no alternative but expulsion or full and complete retractation. (Cheers.)

Mr. Weathers, much confused and agitated, stated that he did not write those articles; that he considered them only as attacks on public men.

Mr. Bullin directed his attention to sentences calling Mr. Simpson and Dr. Lynch men to whom truth was entirely unknown. (Cheers, and cries of "Turn him out.")

Mr. Weathers made no attempt at reply.

Mr. Wakley, Mr. M'Cann, Mr. Bullin, and others, addressed the committee, and Mr. Dermott, who had entered the room at a late period, proceeded to make some intemperate remarks, but being met with strong signs of disapprobation, the chairman was called upon to put the motion from the chair:—

For the motion	18
Against it	1

The sub-committee reported that 5,000 copies of the address had been forwarded to different parts of the country, and that the enrolment cards would be ready for delivery by Monday the 11th instant.

Letters, conveying warm assurances of support, and valuable suggestions, were read from between forty and fifty different towns.

Dr. Lynch brought forward a motion for the subdivision of labour, which was carried; and after several sub-committees had been appointed thanks were voted to the chairman, and the meeting adjourned.

BRITISH MEDICAL JOURNALS.

In the "Medical Gazette" we find a case recorded by Mr. Walne, of which the following is an outline:—A female, aged fifty-four, applied to him July 31, 1843, in a state of great distention from ovarian dropsy. She had been tapped once, and this operation was repeated twice subsequent to her visit to Mr. Walne. He resolved, however, to remove the disease. Dr. Blundell saw the patient; he considered that the womb was healthy, but that the tumour was adherent to the surrounding parts. This opinion, however, did not prevent Mr. Walne from trying, and accordingly on the 11th of October he proceeded to lay open the woman's abdomen to the extent of five inches,—an exploratory puncture! and, as was to be expected, he found adhesions strong and intimate on all sides. The operator was accordingly obliged to stay further proceedings; he closed up the wound as well as he could. The patient fortunately recovered.

Mr. Walne considers that this case is one of great importance, as indicating the possibility of cutting into the peritoneum "with little risk, and that this proceeding may be resorted to for information in obscure cases." Proceedings such as here indicated should be put an end to by the unanimous voice of the profession, on which they bring but discredit and disgrace. Here was a poor woman, fifty-four years of age, likely to continue to live in tolerable comfort by having recourse occasionally to the operation of tapping, placed on the table and her abdomen cut into—for what purpose? To ascertain if the mass of disease within was firmly fixed there or not. Did not Dr. Blundell express his opinion that it was? Then why have recourse to an operation? It was uncalled for and unnecessary; and in the name of humanity and of our profession we protest against the repetition of similar proceedings.

PROPHYLACTIC VIRTUES OF BELLADONNA AGAINST SCARLATINA.

"A curious fact is mentioned, under the head of the solanaceous narcotics, in support of the supposed efficacy of belladonna as a preventive of scarlatina. A child was brought home from school ill with this fever, and M. de Lens caused all the family to take belladonna as a preventive, except one, the grandmother, and she was the only person who received the infection. The form and dose in which it is given, for this purpose, are as follows:—Fifteen centigrammes of the extract are dissolved in thirty grammes* of distilled water, and of this two or three drops are given night and morning to infants one year old or under, three or four drops to children of two years, and so on progressively, so that the dose for an adult is fifteen drops. It appears that the reputation of this prophylactic course of treatment is pretty firmly established in France, and so much so in Germany that it has been frequently recommended by authority during violent epidemics. We doubt whether it is much in favour with English practitioners; but yet, as M. Bouchardat justly observes, it is attended with little trouble, and no possible harm, so that it would be well worth while to take the chance of its being useful. It may do good, too, as a *médicine morale*."—*Provincial Journal.*

MERCURIAL OINTMENT.

The state in which the mercury exists in mercurial ointment has been a frequent sub-

* It may be as well to bring to the recollection of our readers that a gramme is 15.444 grains by weight; a centigramme, the 100th part of a gramme.

ject of discussion. By some it was supposed to be merely in a state of very minute subdivision, others believed that the metal became oxidised, and was thus mixed with the lard, whilst a third party asserted that "the metal was in a state of solution, exactly similar to that of a salt dissolved in water."

By a reference to some communications, which we find in the last number of the "Pharmaceutical Journal," it seems possible to reconcile these contrary opinions. Mr. Grattan writes to say, that he examined with the microscope, a very minute portion of mercurial ointment, placed between slips of glass, and viewed it by *transmitted* light. "This magnified image exhibited the appearance of a transparent crystalline disc, studded with spheres of various sizes, perfectly opake, and of a dull leaden hue, not unlike that of ordinary shot." On viewing the object by *reflected* light, the appearances were modified, and are thus described:—

"The field of view now exhibited a dark disc sparkling with luminous points. Several of those luminous specks resolved, upon correctly adjusting the focus of the microscope, into distinct and perfect images of the window before which the instrument was standing. Thus, in globules not exceeding the $\frac{1}{13000}$ of an inch in diameter—globules so minute that a cubic inch would contain 3,375,000,000 of them—in these inconceivably minute particles of matter, the same perfect symmetry of form, and the same relationship to light, were found to exist that prevail in larger bodies, and an image of the window, perfect as in a convex mirror, was produced! From these experiments we can draw no other conclusion but that the mercury in mercurial ointment is simply in a state of 'minute division,' preserving, unchanged, its fluidity and even metallic lustre."

Mr. Grattan is quite correct in his observations, but he is wrong if he wishes it to be inferred that none of the metal exists as an oxide. On this point the following extract from the same journal seems quite conclusive:—

"I have examined various samples during the last eight years, and have never failed to detect a sensible portion of oxide. On maintaining the ointment for thirty-six hours in a state of fusion and at rest in a long tube, there is obtained a short column of mercury at the bottom and a long superstratum of yellowish, almost perfectly transparent oil. When this is filtered for greater security it becomes intensely black with sulphuretted hydrogen, and if agitated with successive portions of diluted acetic acid about the temperature of 150°, an acid liquor is obtained which gives a copious black precipitate of sulphuret of mercury with the same reagent. It is evident from these results that mercury must be present in the form of oxide combined with a fatty acid, and calculating from the weight of sulphuret obtained, the oxide amounts to a trifle more than one per cent. of the ointment, and consequently to a fiftieth of the mercury used in preparing it."

These experiments leave no doubt whatever that mercury exists in mercurial ointment, as was believed by Dr. Paris and others, both mechanically mixed and chemically combined with the lard.

Mr. Donovan showed, by his experiments, that it was this oxidised portion which was the efficient agent in producing the desired therapeutical effects. He believed that four fifths of the mercury used were superfluous. This opinion is very near the truth, and well deserves the attention of our Pharmacopœia framers.

Amongst the proceedings of the Pathological Society, recorded in the "Dublin Journal" of the current month, we find the following observations by Dr. Stokes, on

FATTY DEGENERATION OF THE LIVER.—PHTHISIS.

Dr. Stokes said he had to communicate a well-marked example of fatty degeneration of the liver, a very remarkable condition of that organ, and, in the present state of our knowledge, incurable. The complications of co-existent diseases are of great importance, and in no disease is this more observable than in phthisis. Dr. Montgomery has directed attention to atrophy of the uterus, which sometimes is observed in that malady; the present specimen is an instance of another lesion, frequently found in subjects affected with phthisis. This degeneration of the liver is not of frequent occurrence in this country; but in France, it is very common, especially in females, and, as Louis has remarked, in persons who were by no means of dissipated habits. The specimen produced was from the body of a young man who had been addicted to intoxicating liquors. Three months ago, he was attacked by phthisis, which rapidly proceeded to a fatal termination. All the muscles of voluntary motion were exceedingly atrophied. The heart was very small, but was loaded with fat; the lungs presented the usual symptoms of ulcerous phthisis; the glottis and the chordæ vocales were thickened and infiltrated with fatty (?) matter, yet there had been during the illness no symptoms referrible to the larynx; the voice had been strong, and there had never been aphonia. The liver was very light, its specific gravity much less than natural, and its entire structure very greasy; the fatty degeneration affected both lobes equally; the mesentery and intestines were loaded with fat; only the stomach and duodenum appeared healthy, and this was an interesting point in the case, as Broussais connects this condition of the liver with disease of the duodenum. The

colon and cœcum were thickened, and in several places were ulcerated. As to the symptoms by which this peculiar state of the liver might be recognised during life, none are at present certainly known. Louis infers its existence from enlargement of the organ without functional disturbance. The same pathologist has observed that in phthisis there is no other organic disease of the liver along with this. The rapidity of its formation is also very remarkable. It has been found in cases of acute phthisis, which had ended in fifty days: in the present case the phthisis was of only three months' duration. The relation of this disease to phthisis deserves investigation. It has been found in forty-seven out of forty-nine cases, and in subjects at every age.

ERGOT OF RYE IN PARALYSIS OF THE BLADDER.

We noticed on a former occasion, (page 557,) the beneficial influence which this drug seemed to possess in some cases recorded by Dr. Ross. Dr. Houston, of Dublin, has tried it, with equally favourable results, as appears from a case which he has published in the "Medical Press." The following is an outline:—

"A temperate labouring man, from the country, aged 60, had been always healthy, until about twelve months ago, when he began to be affected with his present ailment. The first symptoms he noticed were, a frequency in the call to urinate, especially at night, a straining in the effort, and an inability to pass much at once. But latterly, 'his whole time,' as he expresses it, 'is taken up in minding his water.'

On admission: The calls to urinate very frequent; the stream full, but falls weakly from the urethra, and no water flows except under urgent straining; some, however, dribbles away on his linen after evacuation. The distended bladder can be felt above the pubes, and pressure in that region causes pain. After making the man empty his bladder to the best of his ability, a full quart was drawn off with a catheter. This urine was turbid, and was found to contain both pus and mucus, with crystalline and amorphous phosphates; it reddened litmus slightly, and its specific gravity was 1.016. The introduction of a full-sized catheter showed that there was no stricture of the urethra; and an examination *per anum* demonstrated the absence of prostatic enlargement. It was clearly a case of paralysis senilis of the bladder, with catarrh of the mucous membrane. For about a month several remedies were applied, including the use of the catheter frequently in the day, cantharides, strychnia, electricity, &c. These remedies had the effect of improving the condition of the urine; the patient was less disturbed at night to make water, and was more capable of emptying the bladder. For several days, however, matters had been at a stand still, when Dr. Houston directed six grains of the ergot to be given three times a day in pills; the use of the catheter being still persevered in. For some days no change in the symptoms were observable; but then a manifest improvement began to exhibit itself in the diminution in the frequency of the call to urinate, the force with which the stream was propelled, and the completeness with which the bladder emptied itself. The improvement was progressive, and in less than three weeks every symptom of urinary disease had disappeared, and the man was able of himself so completely to empty his bladder that a catheter introduced, after he had done could not discover a single drop of urine. Dr. Houston stated that during the administration of this medicine there were no symptoms, as effects of it, which he could observe, except the gradual improvement in the tone of the bladder. He said that he had abstained from commencing the use of it until the complications of the disease, viz., the state of the bladder, and of the urine consequent thereon, had been abated by appropriate treatment; and he regarded this as a consideration of some moment in its use. The aim of the medicine being to improve the tone and energy of the *detrusor urinæ*, that muscle should be as far as possible disembarrassed of all such contravening circumstances as can be got rid of, before its administration is embarked in. Dr. H. said he could not overlook the share which the regular emptying of the bladder by the catheter had had in contributing to the cure, for he believed that no medicine given internally could well affect this object while the bladder was allowed to remain mechanically disabled by over distention. But he could not overlook the fact that the case, under the ordinary treatment adopted, had come to a complete stand, and that it was during the use of the ergot in the latter periods that the restoration of the bladder to its natural functions was brought about.

Dr. Hargrave mentions, in the same journal, the case of a female, the subject of amenorrhœa, who for six years had not passed water without the assistance of an instrument. Ergot of rye was administered for the relief of the amenorrhœa, and, after six doses, of five grains each, had been taken, she made water, unassisted, and has since retained the power of doing so. This evidence, taken in connection with that which we have already recorded, and the experience of Dr. Allier ("Medical Chirurgical Review, July, 1839,) leads to the conclusion that the ergot of rye will prove a useful and efficient remedy in a troublesome, inconvenient, and sometimes intractable malady.

Looking through the "Veterinarian" of the last month, we have met with the following case of

PERITONITIS AFTER DELIVERY,

occurring in a mare. It is curious to observe the analogies which it presents to the same disease occurring in the human female. We are satisfied that the student of human pathology, by occasionally directing his attention to the morbid appearances found in the lower animals, would obtain much valuable information. Disease is here presented to us, in many instances, on a large scale, magnified, as it were, without the assistance of the microscope; and here, also, less influenced by artificial agencies. We find disease, so to speak, more in its natural state. The veterinary student, too, witnessing the system of searching inquiry required in human pathology applied to his own science, and made acquainted with the systematic reasonings founded thereon, could not fail to become a wiser and a better practitioner. We fancy that a little of such knowledge would have been usefully applied in the following case:—

"A valuable thorough-bred mare, about sixteen years old, with her seventh foal, was found exceedingly ill on the morning of the 4th inst."

Mr. Scott, a veterinary surgeon, (?) goes on to say,—

"I saw her before ten o'clock, and found that it was a case of abortion, a portion of the amnion hanging from the vagina. I passed my hand into the womb, and felt the foal with the head and the fore-legs turned backwards. I took away the foal readily. The mare appeared so well that I left her, ordering her to be kept short of hay and water. In less than an hour I was again with her; she had protruded the uterus, and I found her lying down in pain. With considerable trouble and perseverance I returned the swollen viscus, having bathed it with warm water. I then took away three quarts of blood, and *gave four drachms of aloes.*

"The mare remained tolerably quiet all the remainder of the day, and when I left a nine o'clock, p.m., the pulse appeared be of its natural character. The mare drank some gruel, but ate scarcely anything. About two o'clock in the afternoon of the 5th she appeared dull, which was *attributed to sickness from the physic.* I saw her at nine o'clock, p.m., and found the pulse quick, and difficult to be felt—the breathing increased and increasing, and the mare restless. I abstracted two quarts of blood, and gave *three drachms of aloes.* Two hours afterwards she became very bad, and the pulse was scarcely perceptible. I saw that the case was hopeless. She died about two o'clock, a.m., on the morning of the 6th. On examination, I found the right lung engorged with black blood, and all the intestines inflamed, as was the peritoneum; the bladder was perfectly sound; the uterus black through its whole extent, but not the inflammation or mortification which I expected. The liver had a baked appearance, and could be easily torn; part of it was yellow or clay-coloured. The kidneys were inflamed."

The treatment adopted in this instance calls for the strongest reprobation, and we are surprised that it has been allowed by the editors of the journal from which we have taken the case to pass without remark. Aloes, the only medicine administered in a case of inflammation of the bowels, and where likewise inflammation of the womb, which had been prolapsed, was supposed to exist! Shocking! The writer remarks, "that there are few cases of this kind reported in 'The Veterinarian.'" For the credit of what must now be called the profession we are happy in believing that it is so.

NOTE FROM DR. CLAY.

To the Editor of THE LANCET.

SIR,—It is with astonishment I perceive in your last No. of THE LANCET a very unwarrantable and ungentlemanly attack upon me; how I can have merited the same from you, is no less a marvel to me than the fact of your pleading ignorance to the question "Who is Dr. Clay of Manchester?" Now Sir, in common justice refer to your own journal from 1839 to 1842 and you will find no less than 20 papers of a practical character, which you were always willing to receive (from me) and insert without the slightest alteration. Can I believe you would reap the benefit of my exertions and then plead ignorance of me in your editorial capacity? Can I believe, because you have seen my name as a contributor to another journal you should make that a reason for your attack? What a lesson to other contributors! You must have been misled in this instance, and many of your subscribers think the same. I, therefore, in the spirit of "fair play" which you have always professed, ask an explanation? the name of your correspondent (?) and your insertion of this letter in your next No of THE LANCET. Waiting your answer, I am Sir your's respectfully

CHARLES CLAY M.D.

Manchester, March 11, 1844.

*** The question, then, is answered, and the Doctor Clay, who denominates the most stupid and infamous periodical printed in London, "a valuable journal," is *the* Doctor Clay who published certain papers in THE LANCET between the years 1839 and 1842. He will, we expect, discover that it is a dangerous experiment for a lecturer—a teacher of the juvenile members of the profession—to openly and unblushingly com-

mend a publication which has systematically contained malignant and violent attacks on private character. We have no more to say to Doctor Clay, excepting it be to hint to him that he has good reason for hoping that even a lecturer on medical jurisprudence is not accountable for defects of *taste*. Of his system of ethics we make no mention.

HOUSE OF COMMONS,

March 12th, 1844.

MEDICAL REFORM.

Sir Valentine Blake put the following questions (of which he had given notice) to the right honourable the Secretary of State for the Home Department:—1. Was it the intention of Sir James Graham to introduce a clause or clauses into his Bill for Regulating the Medical Colleges and the Medical Degrees of Universities, by which it would be enacted that henceforth the College of Physicians in London will be enabled to prevent any physician from practising in any part of England unless he be possessed of the licence of the College of Physicians in London? 2. If this power be given to the College of Physicians, is it intended that medical graduates of the Edinburgh and Dublin Universities, at present practising in England, shall be admitted as licenciates of the college in London without examination, on the payment of a small fee, say 5*l*., the additional stamp-duty being altogether remitted? 3. Was it his intention to modify the charter lately granted to the College of Surgeons of London, so as to allow prescribing surgeons who practise midwifery to be eligible for the fellowship; and also to allow a surgeon-apothecary to become eligible immediately on abandoning the business of an apothecary?

Sir J. Graham said there might be an inconvenience in going into details in answer to the hon. baronet's questions; but he would state that the object of the measure he should introduce was not to impose new restrictions on medical practitioners, but *to relax the restrictions already existing*. He hoped this would be a satisfactory answer to the two first questions. With respect to the last question, a practitioner of midwifery was not, as such, eligible as a fellow of the College of Surgeons, and he had no intention of, in that respect, modifying the charter of the college.

In answer to a question from Mr. Macaulay,

Sir J. Graham said he should bring in the measure immediately before Easter, or directly afterwards.— *Morning Chronicle*, March 13th, 1844.

NEWS OF THE WEEK.

The Late Dr. Andrew Moir.—(*From the Aberdeen Journal of Feb.* 14, 1844.)—It is with regret that we announce the death, on the 6th of February, of the late Dr. Andrew Moir, lecturer on anatomy in King's College Medical School, Aberdeen. Cut off at the early age of thirty-eight years, from contagious fever, caught in the discharge of his profession, his death has deprived Aberdeen of a townsman of whom she had reason to be proud, and her medical school of one of its most efficient teachers. What adds to the melancholy nature of the event is that Dr. Moir has left an aged mother, a widow, and three very young children (the last of whom was born two days after his decease), totally unprovided for, without relatives, and destitute even of temporary supplies. Dr. Moir possessed a clear and vigorous intellect, was an excellent classical scholar, and remarkable for the extent and variety of his reading and the accuracy of his information; but the distinguishing peculiarity, and that which formed the strength of his character, lay in the passionate and sustained devotion of his mind to one main object, in a temperament singularly sanguine, and an indomitable energy and perseverance. Qualities such as these, when devoted to a legitimate object, uniformly commend admiration and respect. They do so still more when exerted under adverse circumstances. This was eminently Dr. Moir's case, from first to last. His whole life was one continued struggle with difficulties, and his history is, accordingly, a peculiarly interesting one. Born and reared in humble life, his honest but poor parents contrived to give him a liberal education, and both at our Grammar School and at King's College he was, throughout, a highly distinguished student. On the completion of his university studies he entered the Divinity Hall, which he attended for one or two years. Having, however, about that time, had bestowed on him, by the professors of King's College, a medical apprentice-fee in their gift, Mr. Moir entered on the study of medicine, to which, as it suited his turn of mind better, perhaps, than theology, he soon gave his undivided attention. That department of medical science which is the foundation of all the others, anatomy, he pursued with especial zeal. He threw his whole heart into it, availing himself, for a number of successive years, of every opportunity of studying it practically, and carrying the study of it to a degree of minuteness and exactness then unknown in this city—unknown almost in this country. In 1828, after the usual preliminary studies, he passed the Royal College of Surgeons in London, and, shortly after, retired to Kincardine O'Neil, in this county, where he began the life of a country practitioner, intending only to follow it

till such time as an appointment in the medical service of the army, of which he had the prospect, could be procured for him. He had not been there many months, however, when, on a requisition from some of the medical students in Aberdeen, he was induced to enter on the career of a teacher of anatomy. In 1839, the University School, then under the joint patronage of King's and Marischal Colleges, was broken up, and each college set up a medical school of its own. Mr. Moir was chosen, by the professors of King's College, their lecturer on anatomy; and such was the sense they entertained of his distinguished merits as a teacher, that they unanimously conferred upon him, in 1840, the honorary degree of M.D. To Dr. Moir is unquestionably due the merit of having led to the present efficient state of the Aberdeen School of Medicine. To this, indeed, it would probably have attained even independently of him—for improvements were in progress in other medical schools, the influence of which would, sooner or later, have extended to Aberdeen. Dr. Moir, however, there can be no doubt, hastened those improvements in Aberdeen by some years. It is not easy to estimate adequately the sacrifices which he made. In the first place, however, he relinquished, at the outset, at the call of the medical students (twice made to him), the prospect, then in his view, of employment in the public service—a prospect of substantial advantage to one in his situation, destitute of pecuniary resources. In the next place, his position, not merely as a teacher of anatomy, but as a *private* lecturer, which he held for eleven years, while it held out no hope of his gaining a competency in that line of life, involved the sacrifice of his whole time, considerable pecuniary outlay, no small personal danger, much popular odium, and the abandonment of all idea of ever succeeding in private practice. The consequence was that Dr. Moir never was in easy circumstances. His personal wants, indeed, were few and easily satisfied; but his emoluments were, throughout his whole life, exceedingly limited. The situation of Dr. Moir's bereaved and destitute family has a strong claim on the sympathy of a generous public—a claim which, we are sure, will not be disregarded. Indeed, we have evidence that active exertions are making among his late professional friends, in order to secure some provision for them, and that a general feeling, which we are anxious to foster, prevails among the whole community to come forward in their behalf. Mr. Robert Dyce, advocate, has, we are glad to learn, kindly consented to act as treasurer, and he, or any of the medical gentlemen in Glasgow, will be happy to receive the contributions of the benevolent.

Case of Supposed Trance at Deptford.—Some time since, a person of the name of Henry Frances died suddenly at Deptford. The body having remained a week or more without any symptoms of decomposition occurring, the relatives became convinced that Frances was in a trance, although several medical men had given it as their positive opinion that death had really taken place. The body was, therefore, kept for thirty-five days, during which period it was visited by many professional persons. Evident signs of decomposition having then become apparent, a post-mortem examination was allowed, and made by Messrs. Taylor and Downing, on the 8th of March. As the case is really remarkable from the great length of time which elapsed before decomposition set in, we subjoin an abridged account of the post-mortem as given by the *Times* newspaper. "The body was well-proportioned, robust, and above the middle stature. The calvarium being removed, the dura mater and arachnoid were found translucent and healthy, and no unusual quantity of serum in its cavity; but the vessels of the pia mater were remarkably congested with venous blood, the larger ones being quite prominent from distention, and their minutest ramifications filled. The brain was also found much congested, and sections of it being made, bloody points, in very unusual number, were shown, from extreme congestion of its small vessels. The ventricles contained no unusual quantity of serum, but the plexus choroides was much congested. No clot or extravasation was found. On opening the chest the pericardium was found to contain about four ounces of reddish serum; the left ventricle of the heart was dilated and hypertrophied, the right ventricle, the semilunar, mitral and tricuspid valves, were quite healthy, but the right ventricle, venæ cavæ ascendens and descendens, brachio-cephalis, coronary, and other veins, were much distended with blood. There was slight effusion of blood in the left pleural cavity; the right pleural cavity was obliterated, the lung being adherent throughout. The lungs were much congested, but otherwise healthy. The stomach was healthy, except being, in common with all the organs of the body, much congested. The other viscera were healthy." Messrs. Taylor and Downing conclude their examination by stating that it is evident that the immediate cause of death was congestive apoplexy. From the state of the brain we think this is very probable, although it must be borne in mind that congestion of the smaller veins and capillaries throughout the body always follows the first stages of decomposition. The gases generated in the large vessels, by their expansion, propel the blood into the smaller ones; this is the reason that, in such cases, we find the arteries, and often the large veins, empty. It was supposed that Frances had died from disease of the heart. The lesions of that organ recorded in the

autopsy are evidently insufficient to account for his death.

We regret to have to announce the death of Sir Henry Halford, who expired, at his town residence, on Saturday, the 9th inst.

The deaths in the metropolis for the week ending March 2nd, 1844, are 1055 (*vice* 1115). The weekly average of the last five years is 946, of the last five winters 1009.

Diseases of the lungs, &c.	366—*v.* 428	
Epidemic and contagious dis...	215—*v.* 186	
Dis. of the nervous system....	152—*v.* 173	
Cancer, dropsy, and diseases of uncertain seat	96—*v.* 107	
Old age	86—*v.* 89	
Diseases of the liver, stomach, and other digestive organs ..	57—*v.* 44	
Diseases of the heart and blood-vessels	38—*v.* 45	
Violence, Privation, &c.....	20—*v.* 0	
Rheumatism, dis. of bones, &c.	10—*v.* 9	
Diseases of kidneys, &c.....	8—*v.* 6	
Childbirth, diseases of uterus..	5—*v.* 7	
Diseases of the skin and cellular tissue	2—*v.* 2	
Total.....	1055	1115

APOTHECARIES' HALL, LONDON.

Names of gentlemen who received certificates of qualification to practise as apothecaries on Thursday, Feb. 29th, 1844 :—John Festus Fegan, Cheltenham; Henry Wyatt Watling, Leominster; Peter Alfred Jackson, Leamington; Robert William Woollcombe, Devonport; Henry Montagu Champneys, Windsor; Henry Mitchell, Cambridge.—On Thursday, March 7th :—John Wortham Pearce, Peterborough; James Burdett Moxon, Hull; David McCosh, Lincolnshire; Frederic Hetley.

CORRESPONDENTS.

On closing the present volume of The Lancet we must claim the indulgence of many contributors and correspondents whose communications we have not, as yet, been enabled to publish.

Does our old friend, "the modest author," recollect Acies? Age and experience, it seems, are not always productive of wisdom. There must, we fear, be a repetition of the lash. The forbearance, hitherto, has been as great as the provocation has been unjustifiable.

The letters of *Mr. Glyde* and *Mr. Chisman* have been handed over to our publisher.

The letter of *Ein Mediciner* has been received; he will find that his suggestions have, in some respects, been anticipated in one of our leaders. We shall return to the subject on a future occasion, and not forget the hints of our correspondent.

The gentleman respecting whom we have been addressed by *Mr. G. S.* resides in George-street, Westminster.

We should have had great pleasure in returning to *Dr. Freeman* the letter which he claims, were it still in existence. Unfortunately, such is not the case, as we are not in the habit of keeping by us letters which are not claimed and which appear of but slight importance.

Mr. J. J. Ledlam's communication will be noticed in our next number. We have been so pressed with business this week that we have not yet had time to give it due attention.

O. P.—We consider that it would be absurd to bestow a word of criticism on the conduct of Mr. Dermott or on that of his commentator. They are a truly hopeful pair.

The observations of *Naso* are strictly just, and we hope to make them useful.

The letter of *Mr. Davis*, of Hampstead addressed to the Council of the College of Surgeons, arrived too late for publication this week. It shall appear in the next Lancet.

M.D. (Glasgow), *Medicus* (on Quackery), and the correspondence between the poor-law commissioners and *Mr. Wilson* (Hornsea), shall be published in the next Lancet.

Anti-humbug.—The mesmeric fools and tricksters were noticed in the last Lancet.

Justus.—No. The scoundrel appears to be absolutely incapable of inditing a word of truth, even by accident. The Sub-Editor of The Lancet, so far from having seconded the motion, has never been once in the committee-room, and is not a member of the Committee. The allegation that the Sub-Editor's brother supported the motion, is equally false,—he has no brother.

Erratum.—In our last number, p. 798, second column, seventeen lines from the bottom, place a full stop after the word nutrition, beginning the ensuing sentence with the word "To," instead of "every."

End of Vol. I., 1843—44.

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